



2016 Report of Tallaght Drug & Alcohol Task Force to the Drug Programmes Unit, Department of Health

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Table of Contents

Acronyms.....	5
Appended with this report	6
1 Overview of drugs problem in Tallaght Drug and Alcohol Task Force (TDATF) area in 2016.....	7
1.1 Overview	7
1.1 Methadone treatment statistics.....	7
1.1.1 Women accessing drug and alcohol treatment services	7
1.1.2 Central Treatment List Statistics	12
1.1.3 NDTRS data	12
1.2 Profile of drugs used in TDATF area in 2016.....	15
1.2.1 Emerging drugs	15
1.3 How drugs were used in 2016	15
1.3.1 Evidence from Needle Exchange.....	15
1.4 Emerging trends in TDATF area in 2016.....	17
1.4.1 Homelessness.....	17
1.4.2 Hidden harm	17
1.4.3 Suicide and self-harm.....	18
1.4.4 Trends in intimidation and drug dealing.....	18
1.4.5 Emerging trends reported by Gardai	19
1.4.6 Blocks in progression due to a lack of addiction counselling services.....	19
1.4.7 Trends in crack and cocaine use	19
2 Main issues addressed by TDATF arising from this pattern of drug use	20
2.1 Development and Governance	20
2.1.1 DTF analysis of proposal to establish an independent entity or remain as a subgroup of South Dublin County partnership	20
2.1.2 Challenges of governance and funding management in the short, medium and long term in Tallaght.....	20
2.1.3 Governance Training	20
2.1.4 Accountability Frameworks	21



2.1.5	Strategic Plan	21
2.1.6	Configuration of TDATF structure	23
2.1.7	Tallaght as a Metropolitan Consolidation Town	24
2.1.8	TDATF 'once off' project sustainability fund.....	25
2.2	Treatment pillar	27
2.2.1	Sexually Transmitted Disease	27
2.2.2	Suicide & Self Harm.....	27
2.2.3	National Screening & Brief Intervention: SAOR.....	28
2.2.4	Homeless services	28
2.2.5	Polish speakers.....	28
2.2.6	Cannabis reduction programme	29
2.2.7	Cocaine.....	29
2.2.8	Needle exchange.....	29
2.3	Rehabilitation Pillar.....	30
2.3.1	Interagency working.....	30
2.3.2	Client Tracker System.....	31
2.3.3	Tallaght Rehabilitation Project – Aftercare services	31
2.4	Prevention and Education pillar.....	32
2.4.1	Community Addiction Studies Training (CAST)	32
2.4.2	Education Bursary Fund	32
2.4.3	Box Smart.....	33
2.4.4	Collective project training.....	33
2.5	Research Pillar.....	34
2.5.1	Hidden harm research	34
2.5.2	Youth consultation.....	34
2.5.3	Killinarden Community Centre Youth Consultation.....	35
2.5.4	KCC Community Feedback Consultation.....	37
2.6	Family Support strategic theme.....	38
2.6.1	Family Support groups	38
2.6.2	Causey Farm outing for adults engaged in Family Support in Tallaght	39
2.6.3	Strengthening Families Programme.....	41



2.6.4	Hope and Remembrance Service.....	41
3	PROGRESS IN IMPLEMENTING LOCAL DRUGS STRATEGY	42
3.1	TDATF Progress Report	42
3.2	TDATF's Alcohol Strategy	54
3.2.1	CAAP	54
3.2.2	Create awareness campaign around alcohol harm	54
3.2.3	What the Harm? Cross task Force Seminar	56
3.2.4	Public information Stands.....	57
3.2.5	Support for the Public Health Alcohol Health Bill	57
3.2.6	Media	57
3.2.7	GAA	57
3.3	TDATF's Work Plan for 2017	58
4	Profile of TDATF projects.....	68
4.1	Analysis of the impact of TDATF projects as a group in addressing the drugs problem and continued relevance to TDATF's strategy	68
4.1.1	Project sustainability and development	68
4.1.2	Outcome planning and reporting.....	69
4.2	How TDATF projects relate to the NDS pillars and contribute progress under each pillar ..	70
5	Service Users input.....	76
5.1	Service user participation strategy	76
6.1	TDATF Board Members, 2016.....	77
6.2	Training and up skilling of project staff.....	78
6.3	Audited accounts - appended.....	78
6.4	Task Force staff	79
APPENDIX 1	SECTION 39 FUNDING	82
APPENDIX 2	Terms of Reference for Under 18s Strategy subgroup	85



Acronyms

BASP	Brookfield Addiction Support Project
CAAP	Community Action on Alcohol Project
CARP	Community Addiction Response Programme
CHO 7	Community Health Organisation (Area 7)
CRA	Community Reinforcement Approach
CTL	Central Treatment List
DED	District Electoral Division
DRCC	Dublin Rape Crisis Centre
DTF	Drugs Task Force
FDRP	Fettercairn Drug Rehabilitation Project
FRC	Family Resource Centre
GYDP	Garda Youth Diversion Project
HSE	Health Service Executive
HSW	High Strength Weed
JPC	Joint Policing Committee
JADD	Jobstown Assisting Drug Dependency
KDPPG	Killinarden Drug Primary Prevention Group
KFRC	Killinarden Family Resource Centre
LDATF	Local Drug and Alcohol Task Force
LES	Local Education Services
LPF	Local Policing Forum
NDRDI	National Drug-Related Deaths Index, Ireland
NDRIC	National Drugs Rehabilitation Implementation Committee
NDS	National Drugs Strategy
NFSN	National Family Support Network
NHRC	New Hope Residential Centre
NSRF	National Suicide Research Foundation
NUI	National University Ireland (Maynooth)
SAOR	Screen Assess Offer & Refer
SACAG	St Aengus Community Action Group
St Kevin's FRC	St Kevin's Family Resource Centre
St Dominics CRP	St Dominics Community Response Project
SDCC	South Dublin County Council
SDCP	South Dublin County Partnership
SFP	Strengthening Families Programme
SWAN	SWAN Family Support Organisation Ltd
T & R subgroup	Treatment and Rehabilitation subgroup (TDATF)
TDEI	Tallaght Drugs Education Initiative
TDATF	Tallaght Drug and Alcohol Task Force



TRP	Tallaght Rehabilitation Project
TTCDP	Tallaght Travellers Community Development Project
TYS	Tallaght Youth Service
TSUF	Tallaght Service Users Forum
UCD	University College Dublin
WASP	Whitechurch Addiction Support Project
YODA	Youth and Drugs Alcohol Service
YPP	Young People's Project

Appended with this report

1. LDATF1 forms 2017
2. Audited accounts 2016
3. TDATE Directory of Addiction Services- revised in March 2017
4. TDATE Strategic Plan 2017 – 2020
5. TDATE Alcohol Action Plan: progress report
6. Next Generation Research: launched 2017
7. 2017 TDATE Work Plan
8. TDATE Supervision Guidebook



1 Overview of drugs problem in Tallaght Drug and Alcohol Task Force (TDATF) area in 2016

1.1 Overview

TDATF launched its strategic plan, 2017 – 2020 on April 5th 2017. TDATF Chairperson, Eamon Dolan opened the launch by saying, *“Statistics show an increase in the number of people using illegal substances and sadly the number of deaths through substance misuse is also increasing. Our own research tells us that hidden harm also needs to be a major priority going forward. As a Task Force we feel an innate responsibility to reverse these trends in our area”.*

1.1 Methadone treatment statistics

Tables 1-3 show Methadone Treatment Data for the period January to December 2016, supplied by the HSE and based on data supplied by the Central Treatment List.

The data in Table 1 show that *at the end of the period* January to December 2016, TDATF had the second highest number (676) of clients of any Task Force, and it had the second highest percentage of clients in treatment (6.7%) at the end of the period. North Inner City DTAF had 889 clients in treatment at the end of the same period in 2016. This trend, with Tallaght having the second highest number of clients in treatment, next to North Inner City DATF was also seen in 2015.

Table 2 shows the number of males and females who were treated in 2016 in local and regional DATFs during the period, and at the end of the period, January to December 2016. More than 50% of those treated in Tallaght were male, a trend that was seen throughout Ireland. However, the gap between male and female attendance was less marked in TDATF than many other Task force areas (Table 2). Increasing numbers of women in treatment is a positive indicator. Of the 676 male and female clients in treatment in Tallaght during the period, the majority attended either a clinic or a GP.

Table 3 shows that 38% of clients in treatment as of 31st December were aged 35-39 years. 29% were aged 40-44 years and 18% were aged 45 years or over. In other words, 85% of clients were aged 35 years or over. This trend of older clients has become more pronounced year on year in Tallaght and other L/RDATFs. Although the numbers of clients attending TDATF showed a decline over the age of 40, it is notable that in North Inner City LDATF the highest number of clients were aged 45 years or over in 2016.

1.1.1 Women accessing drug and alcohol treatment services

TDATF have worked hard to remove barriers that prevent women from accessing drug and alcohol supports. Table 2 shows that 32% of the 676 adults accessing treatment as of 31st December 2016 were women. North Inner City LDATF achieved 35% and Ballymun, an area which has received significant regeneration funding, achieved 37%. Research on women in recovery indicates a



number of influencing factors, including childcare. There is some evidence that older women (in the 35-39 age range) are most likely to engage in recovery options when their children are older.

JADD reported an increase in the number of female intravenous drug users, based on needle exchange data. Seventeen women accessed needle exchange at JADD in 2016, compared to 11 in 2015.

Table 1 - Number of Clients in Treatment per L/RDATF Area 2016

Task Force Area	Number of Clients in Treatment (During Period)	National % of clients in Treatment	Number of Clients in Treatment (At end of Period)	National % of clients in Treatment
	Jan. to Dec. '16 (During Period)		Dec. '16 (At end of Period)	
Ballyfermot LDTF	403	3.5	377	3.7
Bray LDTF	161	1.4	146	1.4
Canal Communities LDTF	225	2.0	200	2.0
Clondalkin LDTF	619	5.4	574	5.7
Dublin 12 LDTF	391	3.4	349	3.5
Dun Laoghaire Rathdown LDTF	522	4.6	489	4.8
South Inner City LDTF	735	6.4	645	6.4
Tallaght LDTF	731	6.4	676	6.7
East Coast RDTF	254	2.2	233	2.3
Midland RDTF	468	4.1	417	4.1
South West RDTF	466	4.1	380	3.8
Ballymun LDTF	362	3.2	333	3.3
Blanchardstown LDTF	276	2.4	252	2.5
Finglas-Cabra LDTF	484	4.2	445	4.4
North Inner City LDTF	982	8.6	889	8.8
Dublin North East LDTF	597	5.2	539	5.3
North Dublin RDTF	494	4.3	456	4.5
North East RDTF	472	4.1	383	3.8
North West RDTF	32	0.3	26	0.3
Mid-Western RDTF	388	3.4	300	3.0
Western RDTF	176	1.5	155	1.5
Cork LDTF	302	2.6	241	2.4
Southern RDTF	246	2.2	205	2.0
South East RDTF	620	5.4	521	5.2
Unknown/ NFA	1007	8.8	856	8.5
Totals:	11413		10087	

Table 2 Gender and treatment location of clients attending DATFs in 2016

Task Force Area	Gender & Treatment Location (During Period Jan to Dec '16)						Gender & Treatment Location (as of 31st December '16)					
	Gender	Clinic	NDTC	GP	Prison	Total	Gender	Clinic	NDTC	GP	Prison	Total
Ballyfermot LDTF	Male	117	<10	144	17	285	Male	105	<10	140	13	265
	Female	55	<10	60	<10	118	Female	50	<10	59	<10	112
Bray LDTF	Male	75	<10	33	10	119	Male	69	<10	32	<10	109
	Female	27	0	14	<10	42	Female	24	0	12	<10	37
Canal Communities LDTF	Male	65	<10	74	15	155	Male	54	<10	70	10	135
	Female	34	<10	33	<10	70	Female	30	<10	32	<10	65
Clondalkin LDTF	Male	195	<10	196	27	422	Male	181	<10	190	16	391
	Female	101	<10	91	<10	197	Female	91	<10	88	<10	183
Dublin 12 LDTF	Male	161	12	83	26	282	Male	147	12	78	12	249
	Female	63	<10	43	0	109	Female	56	<10	41	0	100
DunLaoghaire- Rathdown LDTF	Male	186	<10	149	30	372	Male	178	<10	143	19	345
	Female	78	<10	68	<10	150	Female	74	<10	67	<10	144
South Inner City LDTF	Male	215	30	203	37	485	Male	190	25	185	17	417
	Female	118	<10	121	<10	250	Female	105	<10	114	<10	228
Tallaght LDTF	Male	249	<10	204	40	502	Male	229	<10	196	26	460
	Female	119	<10	108	<10	229	Female	107	<10	108	0	216
East Coast RDTF	Male	74	<10	97	14	192	Male	66	<10	94	<10	174
	Female	28	<10	32	0	62	Female	25	<10	32	0	59
Midland RDTF	Male	166	<10	115	38	326	Male	142	<10	112	24	285
	Female	76	<10	65	0	142	Female	69	<10	62	0	132
South West RDTF	Male	102	29	177	32	340	Male	73	26	160	11	270
	Female	30	14	79	<10	126	Female	25	11	73	<10	110
Ballymun LDTF	Male	126	10	77	17	230	Male	117	<10	71	13	210
	Female	73	0	58	<10	132	Female	68	0	54	<10	123
Blanchardstown LDTF	Male	93	<10	77	15	189	Male	84	<10	72	<10	168
	Female	36	<10	47	<10	87	Female	34	<10	45	<10	84
Finglas-Cabra LDTF	Male	224	15	70	23	332	Male	209	12	68	16	305
	Female	90	<10	50	<10	152	Female	84	<10	48	<10	140
North Inner City LDTF	Male	347	50	195	53	645	Male	319	44	187	29	579
	Female	195	24	110	<10	337	Female	176	23	108	<10	310
Dublin North East LDTF	Male	228	17	129	44	418	Male	210	13	123	25	371
	Female	107	<10	67	<10	179	Female	104	<10	61	0	168
North Dublin RDTF	Male	178	17	152	23	370	Male	165	16	144	15	340
	Female	54	<10	61	<10	124	Female	53	<10	57	<10	116
North East RDTF	Male	51	<10	253	58	367	Male	37	<10	232	16	289
	Female	13	<10	88	<10	105	Female	12	<10	80	0	94
North West RDTF	Male	<10	<10	21	<10	26	Male	<10	0	20	<10	22
	Female	0	0	<10	<10	<10	Female	0	0	3	<10	4
Mid-Western RDTF	Male	106	<10	122	62	291	Male	80	<10	116	25	222
	Female	45	0	43	<10	97	Female	36	0	40	<10	78
Western RDTF	Male	48	0	68	11	127	Male	40	<10	65	<10	113
	Female	20	0	28	<10	49	Female	16	0	26	0	42
Cork LDTF	Male	130	0	56	40	226	Male	110	0	52	14	176
	Female	55	0	15	<10	76	Female	48	0	13	<10	65
Southern RDTF	Male	129	0	30	18	177	Male	111	0	30	<10	149
	Female	59	0	<10	<10	69	Female	47	0	6	<10	56
South East RDTF	Male	190	<10	185	50	426	Male	157	<10	170	16	344
	Female	107	<10	81	<10	194	Female	96	<10	79	<10	177
Totals:		5039	323	4283	761	10406		4504	285	4058	384	9231

Table 3 Age range of clients in treatment in 2016

Task Force Area	Age of Clients in Treatment (During Period Jan to Dec. '16)									Age of Clients in Treatment as of 31st of Dec. '16								
	0-15	16-19	20-24	25-29	30-34	35-39	40-44	45+	Total	0-15	16-19	20-24	25-29	30-34	35-39	40-44	45+	Total
Ballyfermot LDTF	0	0	<10	13	46	88	105	149	403	0	0	0	13	37	82	96	149	377
Bray LDTF	0	0	<10	10	33	54	29	29	161	0	0	<10	<10	21	54	30	28	146
Canal Communities LDTF	0	0	<10	10	30	64	54	66	225	0	0	<10	<10	18	53	58	63	200
Clondalkin LDTF	0	0	<10	36	115	251	130	83	619	0	0	<10	22	96	236	130	88	574
Dublin 12 LDTF	0	0	<10	11	36	111	111	121	391	0	0	<10	11	22	90	103	122	349
DunLaoghaire-Rathdown LDTF	0	<10	<10	29	83	142	122	134	522	0	<10	<10	24	67	128	128	133	489
South Inner City LDTF	0	0	<10	27	84	201	192	226	735	0	0	<10	13	63	180	171	215	645
Tallaght LDTF	0	0	<10	34	100	281	193	117	731	0	0	<10	25	75	256	196	122	676
East Coast RDTF	0	<10	<10	21	51	63	49	62	254	0	0	<10	20	43	54	49	63	233
Midland RDTF	0	<10	29	94	127	99	57	61	468	0	0	22	67	120	100	48	60	417
South West RDTF	0	0	14	39	101	142	87	83	466	0	0	<10	24	73	125	82	73	380
Ballymun LDTF	0	0	<10	19	40	104	106	89	362	0	0	<10	12	32	93	107	87	333
Blanchardstown LDTF	0	0	<10	15	39	88	84	47	276	0	0	<10	10	32	81	81	47	252
Finglas-Cabra LDTF	0	0	<10	24	56	124	126	145	484	0	0	<10	19	46	99	130	144	445
North Inner City LDTF	0	0	16	55	119	267	256	269	982	0	0	12	43	99	232	230	273	889
Dublin North East LDTF	0	0	<10	42	83	166	156	143	597	0	0	<10	27	68	142	149	147	539
North Dublin RDTF	0	<10	12	38	70	112	128	133	494	0	<10	11	30	58	100	124	132	456
North East RDTF	0	<10	27	65	116	115	87	59	472	0	<10	14	38	90	103	79	57	383
North West RDTF	0	0	<10	<10	10	<10	<10	<10	32	0	0	<10	<10	<10	<10	<10	<10	26
Mid-Western RDTF	0	<10	23	82	83	83	72	44	388	0	0	11	58	59	67	63	42	300
Western RDTF	0	0	<10	19	45	34	34	36	176	0	0	<10	16	40	31	32	31	155
Cork LDTF	0	<10	22	75	71	58	43	32	302	0	<10	14	51	61	43	41	30	241
Southern RDTF	0	<10	22	51	60	47	35	28	246	0	<10	19	42	46	42	28	27	205
South East RDTF	0	<10	36	137	163	117	86	80	620	0	0	20	111	128	106	75	81	521
Total:	0	15	275	950	1761	2813	2349	2243	10406	0	<10	174	695	1401	2499	2236	2220	9231

1.1.2 Central Treatment List Statistics

TDAF area falls within the Health Board's Dublin Mid Leinster Area, CHO 7, which includes Dublin South Central, Dublin South West, Dublin West and Kildare / West Wicklow. The data for 2016 show that CHO 7 had the second highest number of clients (1578) of all CHO areas in the country. CHO 9, which includes Dublin North, Dublin North Central and Dublin West, had the highest number (1824).

CHO 7 had the highest number of clients attending Level One GPs, with 688 clients at the end of the period Jan to Dec 2016, compared to 550 clients attending Level One GPs in CHO 9. CHO 7 had the highest number of clients attending Level Two GPs (840) in the country. The next highest number of clients attending Level Two GPs was CHO 9 (589).

CHO 7 had a significantly higher number of clients (2011) attending pharmacies during the same period than any other CHO in the country, with the second highest being CHO 9 (1897).

These figures reflect the demand for service provision in CHO 7. The data may also reflect the effectiveness of service provision in CHO 7 and CHO 9 and/or the lack of services in other areas, particularly in regional DATFs in rural areas leading to a smaller number of clients.

1.1.3 NDTRS data

The NDTRS data presented here are for the Tallaght area, 2015. A total of 268 individuals received treatment in 2015. Main treatment interventions are shown in Table 4. The main treatment delivered was individual counselling (117; 44%). Forty four (16%) individuals received medication free therapy, and 29 (11%) individuals received alcohol detoxification. Only one individual received benzodiazepine detoxification even though there is evidence that benzodiazepine use has markedly increased in recent years.

Treatment outcomes are shown in Table 5. Of 268 individuals, the largest outcome (92 individuals; 34%) refused to attend further sessions or did not present for appointment; 54 individuals (20%) withdrew from treatment, and 11 (4%) individuals exited for non-compliance. Only 61 individuals (23%) completed treatment, and a further 24 individuals (9%) were stable in treatment.

Table 4 Main Treatment Interventions, NDTRS data, Tallaght Area, 2015

Main Treatment Intervention	Total	L14
Brief Intervention	7	7
Alcohol Detoxification	29	29
Benzodiazepine Detoxification	1	1
Detoxification Symptomatic Medication	2	2
Opiate Detoxification (buprenorphine)	0	0
Opiate Detoxification (lofexidine)	0	0
Methadone Detoxification	12	12
Substitution (Methadone)	12	12
Other Substitution (excluding Methadone)	0	0
Medication-free Therapy	44	44
Psychiatric Treatment	1	1
Individual Counselling	117	117
Group Counselling	18	18
Social and/or Occupational Reintegration	1	1
Family Therapy	1	1
Individual Education/Awareness Programme	4	4
Group Education/Awareness Programme	15	15
Aftercare	1	1
Complementary Therapies	0	0
Medication to maintain alcohol free status	0	0
Strengthening Families	0	0
Other Detoxification	1	1
Key Worker appointed	0	0
Case Manager appointed	0	0
Care Plan	0	0
Facilitated Detox	1	1
Unknown	0	0
Client exited treatment but no exit information provided	1	1
Total	268	268

Table 5 Main treatment outcomes, NDTRS data, Tallaght area, 2015

Treatment Outcome	Total	L14
Treatment Completed	61	61
Transferred Stable	24	24
Transferred Unstable	4	4
Client did not wish to attend further treatment sessions	54	54
Client refused to have further sessions (or did not return for subsequent appointments)	92	92
Premature exit from treatment for non-compliance	11	11
Released from prison but not linked to other treatment site	1	1
Died	1	1
Sentenced to prison	5	5
Other	1	1
General medical transfer or medical issue	0	0
No longer lives in area	1	1
Mental health transfer	1	1
Prison to prison transfer	6	6
Unknown	4	4
Client exited treatment but no exit information provided	2	2
Total	268	268



1.2 Profile of drugs used in TDATE area in 2016

Overall, opiates and cannabis were the primary presenting drugs (NDTRS data), with self-referral being the main route into treatment. Although numbers were small, there were positive signs of improved referral numbers between drug treatment services, indicating that an ongoing TDATE priority in 2017 should be to build on referral pathways with Tier 1 services.

CARP reported an ongoing and significant increase in the number of young people presenting with cocaine and alcohol problems.

Widespread use of cannabis / weed within the general population continued to be evident with an associated need to provide appropriate support provision, particularly for young people.

In September 2016, the Task Force reported an increase in crack used with heroin. There is evidence that this drug combination may be accelerating homelessness and leading to increased violence.

The Treatment and Rehabilitation (T & R) subgroup reported that key issues in 2016 included an increasing complexity of polydrug use; an increase in alcohol misuse; homelessness; drug and alcohol-related offending; blocks in clients' access to detoxification facilities, including alcohol detoxification; increasing complexities in mental health, and literacy problems.

1.2.1 Emerging drugs

In September 2016, a warning was issued in relation to the synthetic drug fentanyl, which is being mixed with heroin. St James and Tallaght Hospitals have confirmed an increase in the number of people presenting with overdose due to this combination. There were five deaths recorded between July and September 2016 caused by the combination of heroin and fentanyl. Gardai fear there will be more deaths and it was confirmed that three men from Tallaght ended up on life support machines from snorting one line of coke mixed with fentanyl.

1.3 How drugs were used in 2016

1.3.1 Evidence from Needle Exchange

CARP identified a marked increase in the numbers of clients attending harm reduction support / needle exchange for the purpose of steroid use. 1293 clients attended CARP's needle exchange in 2016 (Table 6). The number of pack returns showed an ongoing improvement.

Table 6 Number of Clients attending Needle Exchange: CARP, 2016

<i>Jan</i>	<i>Feb</i>	<i>Mar</i>	<i>Apr</i>	<i>May</i>	<i>Jun</i>	<i>Jul</i>	<i>Aug</i>	<i>Sept</i>	<i>Oct</i>	<i>Nov</i>	<i>Dec</i>	<i>Total</i>
117	117	109	130	111	107	111	98	101	97	106	89	1293



JADD was forced to cancel evening needle exchange services in 2016 due to resource capacity which had the effect of reducing the number of presenting steroid users. The total number of exchanges is shown in Table 7, which is further divided into gender. The figures show that twice as many males used the service compared to the number of females. However, it is important to note that JADD also reported an increase in the number of female intravenous drug users accessing needle exchange.

Table 7 Number of Exchanges at Needle Exchange: JADD, 2016

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Exchanges	74	74	82	88	69	80	77	88	96	88	87	63	966
Male	56	54	55	58	40	53	49	56	58	53	52	46	630
Female	18	20	27	30	29	27	28	32	38	35	35	17	336

Table 8 shows a seven-fold increase in the number of exchanges in five years, 2012 to 2016 (data from JADD). The drop in the number of exchanges between 2014 / 2015 and 2016 (Table8) indicates the closure of evening services.

Table 8 Number of individuals attending JADD needle exchange and number of exchanges, 2016

Year	No. individuals attending needle exchange	No. exchanges
2012	31	135
2013	104	807
2014	188	1081
2015	229	1298
2016	Not available	966

St Aengus reported a small but steady number of 19 males and three females accessing needle exchange, with a total of 140 exchanges. Of the 19 males, 10 were steroid users and nine were



heroin users. Two of the females were heroin users, and one had 'other' use. Sixteen clients were White Irish and six were of European nationality.

The mobile van needle exchange meet people who will not access main services. In September 2016, the Task Force reported that it is mainly steroid users who are availing of the mobile van. HSE Outreach is currently working with Tallaght Traveller community to provide a needle exchange for Travellers, based on the model used in Bray.

There is a request for the mobile van to extend its reach to the Rathfarnham area as there is currently no outreach worker in the area.

1.4 Emerging trends in TDATA area in 2016

This section covers TDATA projects' evidence of emerging trends in 2016.

1.4.1 Homelessness

NDTRS data shows that 10% of clients in treatment were in unstable accommodation or homeless in 2016. TDATA are aware these numbers are continuously increasing and the T & R subgroup has actively engaged with South Dublin County Homeless Forum to implement different levels of care. These include:

- Support for CARP community based drug project advocate for Local Authority funding to host a one day a week inter-agency low threshold clinic.
- Support for HSE Addiction Services to introduce harm reduction services with Peter McVerry Trust STA.

In October 2016, the T & R subgroup reported that an increasing number of women are becoming homeless, but there are only two beds available for women in the Lucan, Tallaght, Clondalkin and Templeogue areas. St Dominics reported that there is an overall lack of funding to respond adequately to the increase in drug users, particularly those who are homeless and living on the streets.

1.4.2 Hidden harm

In 2013, Alcohol Action published evidence that one in 11 children live in families with parental alcohol problems. The experience of children living with, and affected by, parental substance use has become widely known as *Hidden Harm*. *Hidden Harm* reflects two key aspects of children's' experience: they are often not known to services, and they suffer harm in a number of ways through physical and emotional neglect, including exposure to harm and poor parenting. However, not all parents who use substances experience difficulties with parenting capacity. Equally not all children exposed to parental substance misuse are affected adversely, either in the short or longer term

TDATA secured funding and in 2014 it appointed Trinity College Dublin to make an assessment of the numbers of children affected by problematic parental substance misuse in the TDATA area.



The findings, which were launched in April 2017 estimate that as many as 15% of children in the community are at risk of being impacted by illegal drug misuse. In addition, almost one child (0.88%) is known to be potentially affected for every problem drug user.

According to Robert Dunne, Manager of the Barnardos Lorient Child & Family Service:

"It's not ok for the harm caused to children by parental substance misuse to be hidden and that every effort is not made to break the cycle of intergenerational substance misuse. To do otherwise is to communicate to children in this situation that their experience, their burden, is of no importance. Substance misuse and addiction is so prevalent in Ireland and is an aspect of our lives that is shrouded in secrecy and buried under what can be a crushing amount of guilt and shame."

1.4.3 Suicide and self-harm

The TDAF area has recorded five deaths by suicide within the last 18 months. The national rate for presentation to Emergency Departments (ED) for self-harm was 408 (186 males and 222 females) in 2016. Dublin South West rate was 241 males and 294 females. Dublin West rate was 220 males and 293 females. Other areas were below national average. Latest data from the National Suicide Research Foundation show that Dublin South West and Dublin West continue to have the highest rates of presentation to ED for self-harm nationally. The overall presentation to hospital for the Dublin South Central Area was 1,074. This is 12.3% of all presentations nationally.

Numbers of presentations among females in Dublin South West doubled between 2013 and 2014 but have remained steady since. Pieta House reported a significantly higher number of females under 17 attending for self-harm and/or suicidal ideation from the Dublin 24 area, compared to other areas in CHO7.

Data from DED level from the NSRF show that areas of deprivation have the highest level of presentations to ED for Self-Harm. The highest recorded level is in Jobstown, Tallaght.

TDAF engages in an interagency response to drug issues, compliant with national and county policies and work plans. This is reflected in the 2016 report, *Contextualising Issues Underpinning the Connecting for Life Framework 2016*.

Swan Family Support reported training updates for project workers. Safe Talk has been delivered to staff and volunteers, and in September 24 participants are scheduled to train in ASIST.

1.4.4 Trends in intimidation and drug dealing

In May 2016, the TDAF Coordinator made a presentation at the Joint Policing Committee (JPC) seminar on intimidation, which examined progress between 2012 and 2016. Her presentation reported that, in 2016, intimidation was still evident and there is growing evidence that it is becoming more complex. Communities are concerned about the numbers of young people involved in drug dealing.



The reporting programme is working well and TDAF appreciate a named contact within the Gardai. Further training on the reporting programme is being delivered. The JPC Intimidation group has reconvened. The conclusion of the presentation was that it is essential to keep the issue of intimidation high on the agenda and sustain the reporting programme.

TDAF is currently promoting the Crimestoppers Dial to Stop Drug Dealing campaign locally. Members of the community are being urged to free phone in confidence to report incidents of drug related crime, including dealing, intimidation and violence.

1.4.5 Emerging trends reported by Gardai

The Gardai reported there has been a decrease in the number of Drugs for Sale or Supply incidents in 2017, compared to 2016. There has also been a decrease in the number of incidents relating to Possession of Drugs for Personal Use over the same period. The number of searches under the Misuse of Drugs Act has increased substantially in 2017 compared to the same period in 2016, and the number of detections of driving under the influence of alcohol has increased also since 2016. The number of incidents of Drunkenness has also increased. The number of Public Order incidents has stayed the same at 248. There has been an 8% increase in the number of Assaults Causing Harm between the same period in 2016 and 2017.

1.4.6 Blocks in progression due to a lack of addiction counselling services

Although Carp has an addiction counsellor who provides ten sessions weekly, there are no addiction counsellors in the TDAF area who can provide professional therapeutic support to clients who wish to move into recovery, including residential rehabilitation.

1.4.7 Trends in crack and cocaine use

All projects reported an increase in crack and cocaine, and cocaine support projects in the TDAF area (St Dominics and Carp) have had to expand their remit to work with clients who misuse crack. Clients using crack present with patterns of volatile behaviour that are different from those seen among cocaine users, and this is leading to service-related challenges and a need for additional resources across projects.

Needle exchange services in Tallaght reported their concerns that pipes are not supplied as part of the service and many users are resorting to dangerous, home-made works.



2 Main issues addressed by TDAF arising from this pattern of drug use

This section covers the main issues addressed by TDAF in 2016 under the NDS pillars.

2.1 Development and Governance

2.1.1 DTF analysis of proposal to establish an independent entity or remain as a subgroup of South Dublin County partnership

DTF reviewed the advantages and disadvantages of TDAF becoming a legal independent entity and the changes required to sustain a structure under South Dublin County Partnership. In September 2016, TDAF decided to remain as a structure of South Dublin County Partnership adhering to EU financial regulation policies and procedures, with representation from TDAF onto South Dublin County Partnership Board of Management and their subcommittees.

2.1.2 Challenges of governance and funding management in the short, medium and long term in Tallaght.

TDAF is looking at the challenges of governance and funding management in the short, medium and long term in Tallaght.

Short Term

TDAF and the HSE jointly fund fifteen organisations involved in drug and alcohol treatment and rehabilitation services. Some of these organisations are under threat of closure due to budget deficits and/or non-compliance with Section 39 funding.

A collaborative facilitation has been instigated by Chris Gordon to resolve issues and ensure the projects can become sustainable. TDAF will endeavour to:

- Maintain services as a primary concern
- Save jobs and the institutional knowledge that comes with that experience and those posts
- Where possible, retain as much of the infrastructure as is feasible, including organisational structure

Information on Section 39 funding is appended.

2.1.3 Governance Training

Between November and December 2016, Conor Sweeney provided governance training, as shown in Table 9.



Table 9 Tallaght Drugs Alcohol Task Force Governance Training Programme

Target Group	10 drug specific community based project managers, boards of management and chairs. Boards of Management and services vary in size, competency and compliance. There are currently 4 one person projects
Objective	Principles and Elements of Best Governance Practice <ul style="list-style-type: none"> • Key Roles • Directors' Duties • Key Relationships • Strategic Leadership • Performance Oversight • Risk Oversight • Legal and Regulatory Compliance • Sustainability Relationship with funders Company reorganization Alternative models of practice Options to support governance across drug specific services in Tallaght Task Force and Partnership governance. Attendance/representation at meetings/ community representation/decision making
Action	2 days <ol style="list-style-type: none"> 1. Training Day 2. Consultancy Day
Outcome	Boards of Management have been provided :up-to-date information on their duties and responsibilities What does governance look like in practice for their service moving forward What is viable What are the alternatives How they can be in complete compliance and sustain services

2.1.4 Accountability Frameworks

TDATF reviewed its mandate with the DPU in 2016, as follows:

TDATF introduced a quarterly bank reconciliation and project update in line with its LDATF funding submission. DPU income and expenditure forms are submitted quarterly to the DPU signed by both the coordinator and chair. The bank reconciliations signed off by the project Treasurer have introduced a project based accountability measure, to which task force representatives are signatories. The 2016 income and expenditure submission requests to DPU meant that the Task Force was being requested to sign off on financial statements without any evidence to collaborate those statements and financial governance at a project level.

2.1.5 Strategic Plan

The TDATF strategic planning process in 2016, focused on specific public and target group consultations. Most significantly, the strategic plan was designed and developed as an interagency



collaboration, and our vision is to continue this interagency collaboration in the implementation of this strategy (2017-2020).

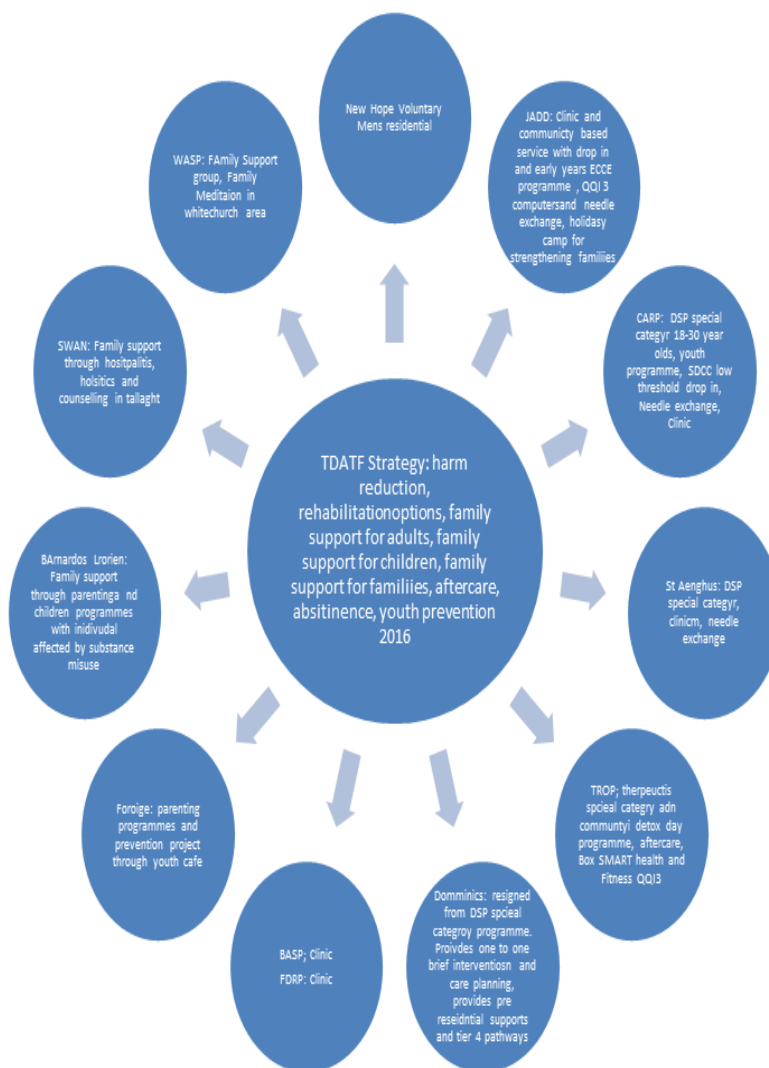
Three strategic themes shaped the plan:

- Improved service user and community outcomes
- Effective partnership
- Increased capacity

TDATF acknowledged that the delivery of an outcome-focused strategic plan depends on the capacity and capability to see it through. Developing the capacity of TDATF and its services have been key themes underpinning planning, while sustainability remains a very real concern. TDATF Coordinator Grace Hill reported at the April launch: *“while we have focused on specific strategic themes in our plan and are particularly highlighting the needs of our ‘Next Generation’ today, sustainability and supporting the development of local, essential community drug and alcohol services remain a priority”*.

TDATF’s strategy is shown graphically in Figure 1.

Figure 1 Tallaght's strategy



2.1.6 Configuration of TDATF structure

TDATF has reconfigured its operational structure (Figure 2).

TDATF subgroups are extensions of interagency collaborations implementing The National Drugs Strategy.

Under these headings (Figure 2), TDATF facilitate interagency collaboration in the delivery of:

a. Treatment and Rehabilitation

Implement the National Rehabilitation framework.

Partner with Tier 1 services to facilitate holistic supports to individuals and families addressing alcohol and/or substance misuse.

This subgroup facilitates case management and the development of shared care planning between services

b. Family support

Drug specific family support services working together to provide respite, remembrance and to develop a work plan for 2017.

c. Under 18s

In 2016, a number of subgroups, including the Education and Prevention subgroup, amalgamated to become an *Under 18s* group. This group prepared terms of reference and shared understanding of working with under 18s in terms of prevention, treatment, harm reduction, early interventions and family support. This interagency working group developed a work plan for 2017 ([Appendix XX](#)).

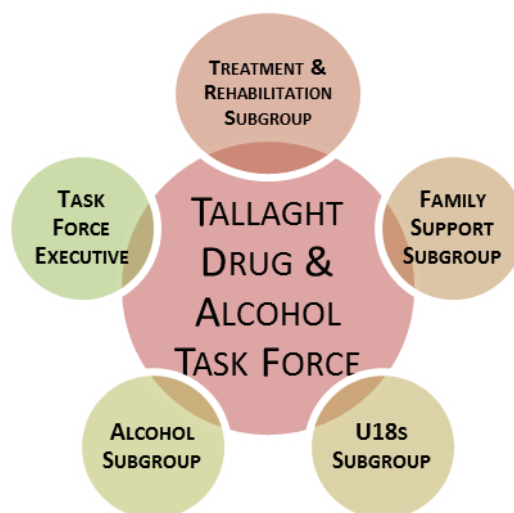
d. Supply Reduction

Brian Cagney (Head of Drugs Unit Tallaght) joined TDATAF and led supply and reduction subgroup. Supply and reduction has been revisited as a priority area in the 2017 TDATAF work plan.

e. The Alcohol subgroup

This subgroup, in partnership with South Dublin Healthy Counties is the driving lead in the implementation of the community alcohol action plan for 2016 and 2017.

Figure 2 Configuration of TDATAF structure



2.1.7 Tallaght as a Metropolitan Consolidation Town

Tallaght has been identified as a Metropolitan Consolidation Town because it is an active urban area with strong transport links in the Metropolitan Area. According to SDCC development plans, these towns will be developed on a relatively large scale as part of the consolidation of the Metropolitan



Area, and to ensure that they support key public transport corridors connecting them to the city, to each other and to Large Growth Towns in the hinterland.

Long term growth could see these areas expanding to a population of up to 100,000 people in a planned and phased manner. The proposed increase in population and infrastructure risks an associated risk in rising levels of antisocial behaviors, criminality on transport lines and youth offending due to drug and alcohol use. TDAF has raised these issues with their elected representatives to present and advocate community needs and possible local responses. For example, SDCC has planning for 80 three bedroom units in Brook view in Tallaght, yet TDAF has highlighted the need for one and two bedroom units in Tallaght and South Dublin to both reduce the numbers of families in homelessness and the number of singles in homelessness.

Local Authority planning South Dublin County Council (<http://www.southdublindevplan.ie/adopted-plan> as of Friday 10th June 2016).

2.1.8 TDAF 'once off' project sustainability fund

TDAF provides a 'once off' sustainability grants to projects, awarded on application, to help secure long term sustainability and growth. Grants awarded in 2016 are shown in Table 10.



Table 10 TDATAF 'once off' sustainability grants awarded in 2016

No.	Organisation	Purpose of Grant	Allocation
1	CARP	Contribution to Polish Project	€3,520
2	JADD Project LTD Jobstown	Trabolgan Respite holiday for 45 high support families	€8,000
3	WASP Whitechurch	Set up delivery: Family Mediation Prog. Set up and maintain: Men's Family Support Group	€8000
4	Tallaght Rehabilitation Project	TRP Residential weekend for 10 participants TRP Aftercare Box Smart Programme 2016	€8,000
5	SWAN Family Support	Purchase / fitting of new carpet for centre	€3,813
6	TDEI	Strengthening Families Programme	€8000
7	New Hope Residential Centre	Purchase / installation of Heat pump and Immersion Tank to meet the needs of 25 men on the programme.	€8000
8	KDPPG / WRENS	Sustainability Assistance following impact of cumulative cuts	€8,000
9	St. Dominic's Community Response Project	Purchase of 3 tables	€921.27
TOTAL			€56,254.27



2.2 Treatment pillar

TDATF community projects operating within the Treatment pillar are JADD, St Aengus, FDRP, BASP, CARP, TRP, NHRC, and St Dominic's CRP. Updates on projects and interagency collaborations for specific treatment issues are given below.

2.2.1 Sexually Transmitted Disease

Anecdotally Tallaght has experienced an increase in STI's. TDATF T & R became aware of the increased trend in 'chemsex'. In 2014, STI notifications revealed an increase of 4% from 2013. These data suggest that it is likely that services are responding to an increase in the number of individuals diagnosed with STI's and also promoting the screening for and treatment of STI's. A report on STI's in Ireland, 2014' was published on 1st February 2016 and can be accessed at www.hpsc.ie.

2.2.2 Suicide & Self Harm

The TDATF T & R subgroup and community-based members work in line with the National Rehabilitation Framework and they are committed to enhancing care pathways and interagency working which reference county plans, including the county development plan, *Connecting For Life*, and Tusla's policy and plans.

TDATF projects' support referrals and care plans of clients who may be at risk of self-harm and suicide ideation. TDATF acknowledges the high level of suicides and cases of self-harm in Dublin 24. Community based projects, in addition to supporting individual care pathways, facilitate family support and community-based responses for both immediate and long-term prevention.

It is recommended that the Department of Health support implementation of cohesive interconnected strategies such as:

- Connecting or Life National Action 1.1.4
Build the link between alcohol/drug misuse and suicidal behavior in all communication campaigns. Disseminate and promote the leaflet developed through the HSE Alcohol Strategy to raise awareness about the link between alcohol and mental health.
- Connecting for Life National Action 2.1.1
Implement consistent, multi-agency suicide prevention action plans to enhance communities' capacity to respond to suicidal behaviours, emerging suicide clusters and murder suicide. The plans will be the responsibility of HSE Mental Health Division and aligned with HSE Community Health Organisations structure, Local Economic & Community Plans and Children & Young People's Services Committee's (CYPSC) county plans.



2.2.3 National Screening & Brief Intervention: SAOR

TDATF led in the regional roll out of SAOR, the national screening brief intervention programme, and it remains committed as a SAOR implementation site. The TDATF Rehabilitation Coordinator trained as a SAOR Trainer in 2014. TDATF delivered five SAOR sessions in 2016, training over 60 practitioners in screening and brief intervention tools for tier 1 to tier 4 services.

SDC Partnership met with TDATF and the national head of SAOR with a view to training all partnership staff in SAOR. In 2016, eight members of staff have trained in SAOR.

2.2.4 Homeless services

Homeless figures are continuing to rise in South Dublin. The TDATF Rehabilitation Coordinator is Chair of South Dublin Homeless Forum working collaboratively to enhance care pathways and explore gaps and blocks in clients' engagement and progression across services.

CARP and JADD continued to provide frontline services for homeless people with substance misuse issues in 2016. Over the year access to CARP's low-threshold homeless support service was 330. Attendance was consistent across months, ranging from 33 in July to 19 in October 2016 (Table 11).

Table 11 Client attendance at CARP's low-threshold homeless support service

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
20	28	29	26	30	28	33	26	30	19	32	29	330

Service users are offered hot breakfast and they are given the option of a showering service, laundry service, change of new clothes and shoes, key working sessions and homelessness support from a SDCC Homeless Support Worker. CARP's support workers are available to engage with service users around their homelessness and any addiction problems they wish to address by providing a care plan and appropriate links to other services.

The majority of those accessing the service are male.

2.2.5 Polish speakers

Tallaght has one of the largest populations of Polish speakers in Dublin. In response, CARP engaged with a polish addiction service to provide an addiction support clinic for Polish speaking people in 2013. Initially, this service was offered on a voluntary basis by two polish addiction specialists. In 2016, TDATF supported CARP to continue to offer this essential service. This service is delivered every Thursday, between 10am – 2 pm, by highly qualified Polish therapists. A referral process and waiting list is in place to engage with this service.

Polish AA has expanded in 2016 and it is now held twice a week.



2.2.6 Cannabis reduction programme

In 2013 CARP identified the need for targeted support for clients presenting with cannabis / weed issues. CARP created a 12 week programme using the Community Reinforcement Approach and the addition of recovery coach support. This 12 week programme is delivered one afternoon a week for 12 weeks. Each client is assessed prior to starting the programme and, once offered a place, each client has access to a key worker weekly. Fourteen clients were offered this programme in 2014; 28 in 2015, and 20 in 2016. Initially this programme was run on a voluntary basis by two trained recovery coaches. In 2016, TDAF supported CARP to continue to offer this service. A referral process and waiting list is in place to engage with this service.

2.2.7 Cocaine

St Dominics CRP continued its successful open-door cocaine project, which offers flexible treatment options including one-to-one counselling, group work and holistic therapies. The project is notable for the number of clients who become drug free after their first point of contact.

All projects reported an increase in the use of crack. Evidence that users are making homemade works is of great concern to TDAF, which is currently scoping the full extent of the issue.

2.2.8 Needle exchange

Needle exchange times are shown in Table 12.

All TDAF community needle exchange clinics work in partnership with the HSE and report to the Health Promotion subgroup. The HSE Addiction Service also runs an outreach needle exchange.



Table 12 TDATF Community Needle Exchange Clinics 2016

DAY	JADD Ph. 459 7756	ST. AENGUS Ph. 461 0239	CARP Ph. 462 6033
Monday	9.30am -1.30pm Emergencies 1.30pm – 5pm	10.30am – 2pm	9am – 5pm
Tuesday	9.30am -1.30pm Emergencies 1.30pm – 5pm	10.30am – 1.30pm 5.00pm – 6.00pm	9am – 5pm
Wednesday	9.30am -1.30pm Emergencies 1.30pm – 5pm 5.00pm – 6.30pm	10.30am – 3.00pm	9am – 5pm
Thursday	9.30am -1.30pm Emergencies 1.30pm – 5pm 5.00pm – 6.45pm	10.30 – 1.30pm	9am – 7.30pm
Friday	9.30am -1.30pm Emergencies 1.30pm – 5pm 5.00pm – 6.30pm	10.30am – 1.00pm	9am – 5pm
Saturday	9.30am – 11.30am		
Sunday	9.30am – 11.00am		

2.3 Rehabilitation Pillar

2.3.1 Interagency working

TDATF supported 15 funded programmes in 2016, in receipt from funds from HSE Addiction Services, SDCC, and the Education Training Board. Within these projects, there were four DSP CE Special category programmes. One service did not renew its contract with DSP special category because, with limited resources, it was too challenging to fit the labour market model with the rehabilitation and recovery model of care.

To support clients' care plans in one DSP Special Category programme, SDC Partnership Lifelong Learning facilitate education meetings and fulfil the education progression domain of clients in therapeutic recovery care plans. The Lifelong learning team in 2017 support TDATF in the implementation of the €20,000 education bursary grant. Tallaght LES will be assisting in 2017. This interagency collaboration enables us to support vulnerable individuals on an education and career pathways with a robust safety net and maximise resources and opportunities for clients, eliminating any duplication of resources or courses.

TDATF were partners in the national hidden harm practise guide in 2016, working in partnership with Tusla, Addiction services, Alcohol services and Barnardos. TDATF produced a Next Generation research document highlighting that in line with national prevalence there is an estimated 15, 000 children in Tallaght affected by alcohol and substance misuse in their homes. TDATF works with South Dublin County Homeless Forum to support interagency collaboration between services for



men, women and families in both homeless and self-catering accommodation. TDAF have supported this working group develop a work plan for 2017; its implementation focuses on client care, client progression and client pathways

TDAF facilitate an alcohol awareness campaign with the publication of alcohol brochures inclusive of both HSE national low risk guidelines and Tallaght Local Area Alcohol Plan. We also facilitate public awareness days. Alcohol education workshops were facilitated for 80 practitioners covering alcohol-related brain injury, alcohol awareness, and foetal alcohol syndrome.

TDAF supported the trainers programme for Motivational Interviewing to build capacity of practitioners and community to facilitate healthy conversations in terms of alcohol and substance misuse. Fourteen trainers completed this programme with a view to delivering Motivational Interviewing training eight times in 2017

The TDAF Rehabilitation Manager's supervision programme was hosted in 2016, to help managers work together; learn clinical supervision; support each other as managers, and develop a peer supervision framework to sustain interagency work and support in 2017. Six rehabilitation managers from six projects participated and contributed to the programme. An additional benefit of this programme was that it encouraged memoranda of understanding across community based drug projects (appended).

2.3.2 Client Tracker System

The Client Tracker System is yielding valuable data. It has helped to generate a common understanding of procedures and processes within the T & R subgroup, leading to greater clarity about key working, care plans, shared care plans and contact work. This process has highlighted the legitimacy and value of contact work; it has provided evidence that there is minimal duplication of services and it shows improved interagency working, particularly in Barnardos, WASP, New Hope and Dublin Simon. However, it has shown that case management still requires improvement across TDAF.

The TDAF coordinator reported that the DPU has contracted Trutz Haase to review performance monitoring of task forces and the collection and collation of demographic data which currently differs between task forces making it challenging to review budgets.

2.3.3 Tallaght Rehabilitation Project – Aftercare services

Over the last number of year's drug and alcohol rehabilitation services have had to confront new and different challenges. The Tallaght-wide aftercare service has remained a viable option by providing a specific service in which opening times are flexible beyond normal working hours.

The Tallaght-Wide aftercare service was formally established and opened in 2009 to support local people in the community recovering from addiction to remain drug and alcohol free while continuing on their progression paths. Interventions include peer support groups, key working, care planning, goal setting, training and education, relapse prevention and social events with a strong emphasis on social reintegration.



A common issue for all involved in the aftercare service is to establish peer support and to promote a lifestyle without recourse to alcohol or drug misuse. At the beginning of 2014 the Aftercare Service and TRP Day Programme embarked on a cohesive structure which has brought about a more integrative approach to working with service users and their needs on a social, educational and therapeutic level. Increasing service users' social assets is a critical element of its success. This has been achieved by working together with statutory, voluntary and community agencies in order to deliver services incorporating health, fitness, holistic and social activities. We believe that in delivering services in the evening time we can meet the demands within the community by offering a tailored approach to each individual. Service users can enhance their personal growth and development significantly in their ongoing progression plans based on this psycho-social model.

The aftercare service has been consistently busy throughout 2016. We have facilitated two open evenings where we have encouraged all clients to allow their voices be heard and evaluate the service while identify emerging needs from the aftercare participants. From the evaluations, the participants identified a number of key topics which include therapeutic/psycho educational workshops, holistic treatments and pro social activities.

Following on from these evenings a holistic programme has also become a fundamental part of our weekly structure, which includes group meditation, yoga and Reiki. Coming from the two open evenings 134 people attended therapeutic/psycho educational workshops, yoga, group meditation and social activities organised by the Aftercare Team and requested by participants.

The Aftercare Team work on a Brief Solution model because of high numbers attending the service. Formal key working sessions are now focused on specific content and limited to a time structure to reach identified goals.

2.4 Prevention and Education pillar

In 2016, the Prevention and Education subgroup became the Under 18s subgroup.

TDATF has always attached importance to education and training initiatives to support clients and family members return to healthy and productive lifestyles. Several initiatives continued in 2016, as follows:

2.4.1 Community Addiction Studies Training (CAST)

The 2016/2017 CAST training was completed at full capacity in March 2016 and the new programme commenced in September 2016 with a huge demand for places, as always... CAST is delivered by St Dominic's CRP and funded by TDATF.

2.4.2 Education Bursary Fund

TDATF has maintained an education bursary fund to support individuals' access to education and training, in spite of the accumulative cut in funding since 2008. Grants, ranging from €100 to €1000 and totalling €22,000 were given to individuals attending TRP, CARP, New Hope, JADD and other services providing opportunities for further education and training.



2.4.3 Box Smart

The Box Smart Initiative is a progressive aftercare rehabilitation programme providing service users an opportunity to change their lives through education and high performance sport. The programme was officially launched by the Mayor of South Dublin County Council Fergus Warfield in 2014. This is a pioneering 20-week programme which strives to re-integrate participants into mainstream society through FETAC Level 4 Health Related Fitness which is teamed with high performance training and boxing skills. The Box Smart Initiative is based across three learning campuses: Sacred Heart Boxing Gym for training; IT Tallaght, and Kiltalown House for theory and education. It is a high profile and highly effective initiative which has been visited and endorsed by well-known sports personalities, including Philly Mc Mahon GAA Dubs Star, Kenneth Egan Silver Olympic medallist, Michael Carruth, and Paddy Houlihan MMA champion.

Candidates who successfully complete this course have the knowledge, skills and capacity to engage in physical activity and promote healthy lifestyle practices. Increased energy, social supports, increased motivation and positive direction are the aims and objectives of the module. It is based on continuous assessment and evaluation. 100% attendance is a paramount requirement for the module.

2.4.4 Collective project training

TDATF arranged for the following training for project staff in 2016:

- Grief in the workplace, delivered by the Irish Hospice Foundation
- Clinical Supervision for Rehabilitation Managers
- Fire Safety & First Aid for CARP & TRP
- Motivational Interviewing: Train the Trainer programme (16 trainees)



2.5 Research Pillar

TDATF projects engaged in research and consultations in 2016, as follows:

2.5.1 Hidden harm research

Information on TDATF / Barnardos Next Generation research is given in Section 1.4.1.

2.5.2 Youth consultation

A youth consultation exercise was completed by Foroige in April 2016. Ten young people engaged in a vernissage exercise and answered a number of questions in relation to substance misuse. The consultation was carried out in small groups with a larger group discussion at the end.

What are the most misused drugs in Tallaght amongst young people?

- Cocaine
- Weed
- Ecstasy
- Paracetamol/Solpadine (over the counter drugs)
- Tobacco
- Alcohol
- Heroin

The top three drugs misused were reported to be tobacco, alcohol, weed and cocaine.

What issues are coming up for young people in relation to drug misuse?

- Missing a lot of their education due to poor attendance or in other cases expulsion
- Affects their physical and mental health
- Drug debt
- Hanging around with the wrong crowd
- Could cause family problems
- Future consequences – applying for jobs etc
- No access to local areas (groups not allowed in The Square, groups getting stopped by Gardai at lunchtime during school)
- Issues with drug dealing happening in “safe” spaces

In your opinion how could we prevent or help the issue of drug misuse with young people?

- By making all drugs legal
- By removing bad influences such as parental figures who are taking drugs
- By increasing the number of Gardai on the streets/public areas
- By offering better supports for those already addicted such as rehab centres
- By having talks in schools and youth groups
- By having more extracurricular activities in addition to sports



The most useful preventative measures were reported to extracurricular activities and education.

Are there any gaps in relation to drug misuse?

- Young people don't learn from a young age about drugs or alcohol, instead they find out things through other kids or from seeing drug users who have a biased opinion
- More rehabilitation centres needed
- More funding for drug education
- Educating people on drugs and alcohol

What are the effects of drug misuse in your community?

- It can cause the breakdown of family units
- Can lead to stereotypes
- More people going on the dole
- Children finding drug paraphilia
- People feeling unsafe in their area

When asked for the main issues the group identified stereotypes and safety issues in areas

What is the best way to prevent young people from getting involved in drug use?

- By giving talks in schools and youth groups
- Starting more youth groups in areas (music, art, creative writing etc)
- Teaching people about the effects of drugs
- Lead by example

2.5.3 Killinarden Community Centre Youth Consultation

Killinarden Community Centre (KCC) conducted a youth consultation exercise in October 2016. 76 surveys were completed with respondents ranging from 10 years (3% respondents) to 16 years (1%)

79% of respondents were aged 12-14 years with 71% being female and 94% White Irish. The respondents came from eight estates, with only Hazelgrove and Killinarden Heights being poorly represented.

The main issues experienced by these young people are shown in Figure 3. Their main concerns are shown in Figure 4. When asked if they felt safe in the area 67% said no and 33% said yes.

Figure 3 Main issues experienced by young people aged 10 – 16 (KCC Youth Consultation Survey)

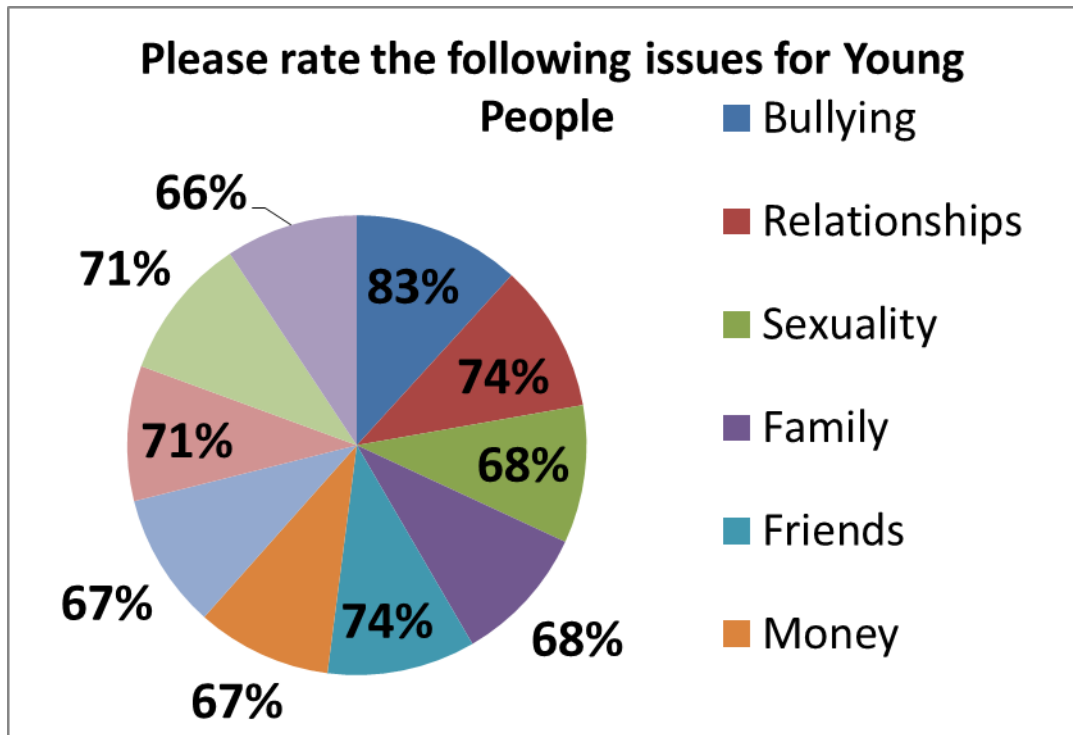
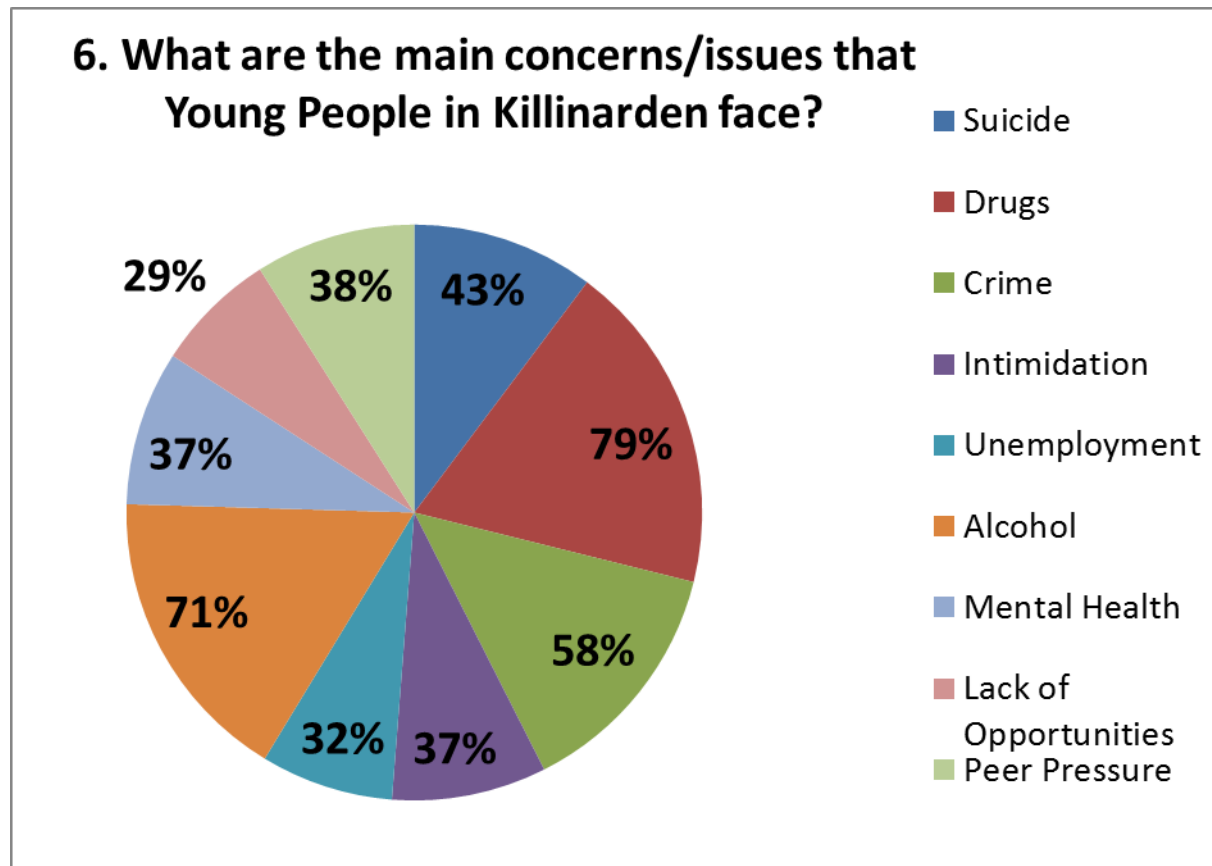


Figure 4 Main concerns of young people in Killinarden (KCC Youth Consultation Survey)

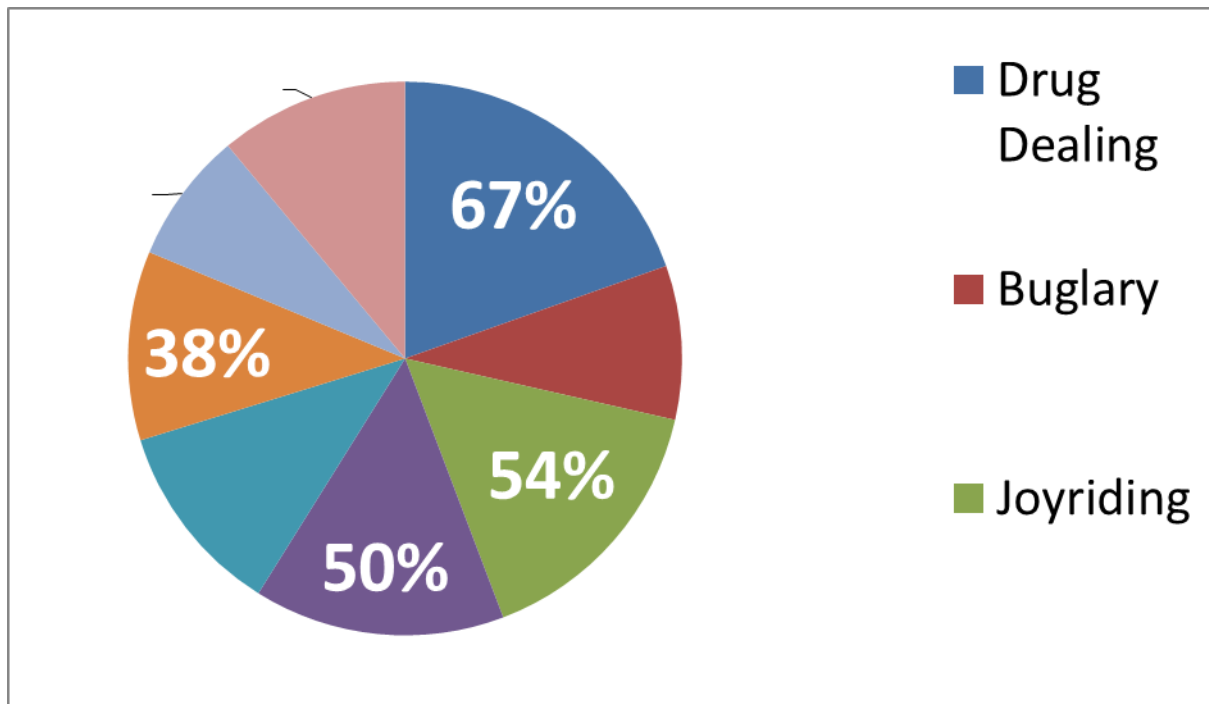


2.5.4 KCC Community Feedback Consultation

Also in October 2016, KCC conducted a community feedback consultation. 144 surveys were completed by residents, 88% of whom were Irish, 1% Travellers and 1% Nigerian. 59% respondents were aged 25 – 39 years and 68% use KCC regularly.

Although 53% respondents said they feel safe living in the area, 92% respondents experience anti-social behaviour in their communities and 92% said there were not enough Gardai on the streets. The main types of anti-social behaviour are shown in Figure 5 with the most frequent anti-social behaviour being drug dealing (67%).

Figure 5 Anti-social behaviour experienced by Killinarden residents (KCC community feedback survey). N = 144



2.6 Family Support strategic theme

TDATF strives to maintain effective family support services for those affected by another's substance misuse.

2.6.1 Family Support groups

Family support groups held in Tallaght are shown in Table 13.

JADD ran the highly effective and successful five day respite break at Trabolgan Holiday Village in Cork for high-support families for the fifth year running. Nineteen parents and 37 children living in Tallaght aged between 18 months and 12 years participated.

The respite break catered for JADD clients who were abstinent from drug and alcohol misuse, and for parents who were well stabilised and addressing their drug and alcohol misuse. Also, the opportunity was opened to drug-free and stabilised clients from other treatment services in Tallaght although no-one was put forward as meeting the criteria.



JADD's primary objective for the respite break was to educate parents on their responsibilities to their children and to encourage positive bonding interactions to strengthen family dynamics. JADD's second objective was to provide a safe space and healthy environment for parents and children so they could practice change of lifestyle activities away from the negative drug culture in the community. Also, JADD wanted to offer families the opportunity to experience the benefits of healthier lifestyles and positive relationships with their peers and children.

2.6.2 Causey Farm outing for adults engaged in Family Support in Tallaght

A fun day for adults attending the family support network was held in September at Causey Farm. Participants loved the day and the majority had no suggestions for improvement. When asked what they learned from the day, the participants responded as follows:

I learned to really enjoy myself and it was great to let go of all worries and stresses.

I've learned that I'm afraid of animals.

I've learned to push myself out of my comfort zone.

I've learned to work as part of a team.

I learned to work as a part of a team and loads of new skills and let go of everyday life.

I can still have fun.

I learned to switch off and do something I wouldn't have done.

I learnt to love myself.

I need more fun in my life.

TDATF plans to include children in its family days in the near future, and policies are in development to support this. All families involved in family support are connected to a wider care plan with their relevant support agencies.

Table 13 Family support groups in Tallaght

ORGANISATION	TYPE	VENUE	OCCURANCE
St. Dominic's Community Response Project	Peer Led Group & One to one	St. Dominic's Contact Centre, Millbrook, Tallaght	Tuesday 7.30pm Monday 11am – 1pm
Tallaght Rehabilitation Project	One to One	Kiltalown House, Jobstown	Upon request
JADD	Facilitated Group	Fortunestown Way, Jobstown	Tuesday 7.30pm
KDPPG / WRENS	Facilitated Women's Group	Killinarden Enterprise Centre	Tuesday 10am – 1pm
MATES (Men's Family Support)	Peer Led Group	Kilnamanagh Community Centre	Thursday 7.30pm
SWAN	Peer led or facilitated groups & one to one available	St. Anne's National School, Fettercairn	Wednesday 7pm Friday mornings On request
BASP	One to one	Brookfield Community Centre	Upon request
WASP Whitechurch	Facilitated Group (Mon) Peer Led Group (Wed)	Loretto Community Facilities Project, Loretto Avenue, Rathfarnham.	Monday 7pm-9pm Wednesday 11am-12.30
St. Aengus Community Action Group	One to one	Castle Tymon Green, Tymon, Tallaght.	Upon request 10am – 1pm daily
CARP& WASP	Group	CARP Killinarden	Every 2 nd Monday 7.30pm – 9pm
Barnardos Lorien Child and Family Service	One to one	30 MacUilliam Crescent, Fortunestown, Jobstown, Tallaght.	On request

2.6.3 Strengthening Families Programme

The Strengthening Families Programme (SFP) was delivered again in 2016. It was externally evaluated in the autumn 2016, based on a sample of seven adults (all female) and seven children (six males, one female) and a questionnaire which included strengths and difficulties; children's hope scale measures for adolescents; parent-child relationship scale, and parenting scale for parents. The evaluation also included two focus groups.

The findings indicated that for parents there was a statistically significant increase in the parent-child relationship scale, over-reactivity and total parenting skills. Changes were also seen in laxity and hostility.

For young people, the Children's Hope Scale indicated positive trends for interagency pathways and the total level of hope expressed by children, but the results were not significant.

Qualitative findings indicated that young people and parents benefitted from the programme due to improving relationships. Parents learned to become more consistent with their children, learned to interact more positively, and recognised the value of spending quality time together. Parents said their patience improved, listening skills were enhanced and they were able to communicate more clearly as a result of the programme. Young people benefitted from improved relationships with parents and a greater awareness of the impact of inappropriate behaviour.

2.6.4 Hope and Remembrance Service

The annual hope and remembrance service is a highly anticipated date in the TDATA calendar of events. In 2016, the service focused on the impacts of drug misuse on every member of the family as well as the wider community.

JADD hosted the service and provided an opportunity for all members of the community to remember those who have lost their lives to addiction and to create a sense of hope for future generations and for those who are still in the throes of addiction.



3 PROGRESS IN IMPLEMENTING LOCAL DRUGS STRATEGY

3.1 TDATAF Progress Report

TDATF's progress under the NDS pillars is shown in Table 14.



Table 14 TDATF Progress Report in implementing local strategy (2016)

	Prevention Pillar Actions	Progress to end 2016 in Implementation of Action
Action 27	<p>Further develop a national website to provide fully integrated information and access to a National Helpline.</p> <p>HSE (lead) & relevant agencies</p>	
Action 28	<p>Develop a sustained range of awareness campaigns that:</p> <ul style="list-style-type: none"> • ensure that local and regional campaigns complement and add value to national campaigns; • optimise the use of ICT in drugs and alcohol awareness initiatives (e.g. through internet search engines and social network websites); • consider a co-ordinated approach by all key players to the development and implementation of a designated drug/alcohol awareness week/day with agreed themes and methodologies; • target: <ul style="list-style-type: none"> - third level educational institutions, workplaces and recreational venues; - at risk groups (Travellers, new communities, LGBTs, homeless people, prisoners and, sex workers); and - Education/awareness among drug users to minimise the levels of usage and to promote harm reduction measures. <p>HSE (Lead)</p>	<p>SAOR</p> <p>Facilitate SAOR training locally with tier 1-4 services, facilitate SAOR strategy group for south west Dublin</p> <p>Build referral pathways to support SAOR implementation (Figures are included in National SAOR reports).</p> <p>2 steering group meetings targeting Tusla and Partnership services</p> <p>60 people received SAOR training</p> <p>Pilot proposal based on SAOR with Tallaght Hospital Social work team submitted</p> <p>Alcohol Campaign</p> <p>Partnered with SD Health Counties for alcohol awareness week</p> <p>Facilitated public awareness stands</p> <p>Designed and published local alcohol awareness brochures based on HSE One Quick Question & TDATF local Alcohol plan</p> <p>Partnered with Ballyfermot DATF to host cross task force alcohol awareness building conference</p> <p>Facilitated series of education workshops on alcohol e.g. ABRI, Alcohol fetal syndrome (Report attached)</p> <p>Hidden Harm</p>



	Prevention Pillar Actions	Progress to end 2016 in Implementation of Action
	with support from DTFs and other relevant agencies	<p>Tallaght participated in National Hidden Harm practice Guide development Hidden Harm action plan from interagency work developed (attached)</p> <p>TDATF hosts a website, a Facebook page and actively keeps both of these up to date in addition to working with local projects to ensure their information is up-to-date on drugs.ie. TDATF has prioritised communications as a part of its 2017 work plan</p> <p>SD Healthy Counties rep is a member of TDATF, we work in tandem with health counties on both alcohol strategy , alcohol awareness week and involvement in social inclusion week, TDATF and projects are also involved with primary care as part of the Health awareness fair hosted annually in September</p> <p>Third Level Institutions Through the alcohol plan, contact and shared work has developed in partnership with Tallaght IT e.g. proposal for a marketing educational campaign on alcohol awareness targeting 18-25 year olds. 2017 we plan to offer SAOR as part of the REACT National Programme</p> <p>Recreational venues have not yet been targeted</p>
Action 29	<p>Develop a series of prevention measures that focus on the family under the following programme headings:</p> <ul style="list-style-type: none"> • supports for families experiencing difficulties due to drug/alcohol use; • parenting skills; and • targeted measures focusing on the children of problem 	<p>TDATF research and produced Next generation research which provides prevalence data for children affected by alcohol and substance misuse in Tallaght</p> <p>TDATF Rehabilitation coordinator and manager of Barnardos Lorien partnered with Tusla, Yoda, HSE Alcohol and Addiction services in the development and contribution of the national practice Guide for Hidden Harm</p>



	Prevention Pillar Actions	Progress to end 2016 in Implementation of Action
	<p>drug and/or alcohol users aimed at breaking the cycle and safeguarding the next generation</p> <p>HSE and D/E&S (joint leads); with support from D/CYA; D/SP; DTFs and Service Providers</p>	<p>TDATF sits on the Children and Youth Services Committee</p> <p>TDATF have 4 community based services which meet these objectives</p> <ol style="list-style-type: none"> 1. Slanú (16-25 youth programme for young people at risk or using alcohol /or other substances and a cannabis reduction programme) 2. Foroige provide parenting prevention education programmes, facilitate youth cafe, youth forum and training for volunteers in drug prevention and youth leadership programmes for young people 3. Barnardos Lorient facilitates an individual parenting and child support programme for parents. Barnardos Lorient is unique in that it specialises in working with parents with alcohol and substance misuse problems. Barnardos Lorient priorities the needs of the child and partner with drug rehabilitation programmes to support parents in their rehabilitation and recovery 4. JADD provides childcare for parents with drug and alcohol issues through their ECCE programme. JADD piloted a literacy programme to support parents support their children in education. JADD provide play therapy. JADD with the support of Johnson and Johnson have provided critical speech and language interventions, in addition to rehabilitation and family support to support 3 children's inclusion in mainstream education
Action 30	<p>Develop selective prevention measures aimed at reducing underage and binge drinking.</p> <p>HSE (Lead) with support from D/Health; DTFs and Service Providers</p>	<p>Under TDATF Alcohol Plan a subgroup was developed in 2016 to map what currently is being implemented in Tallaght, what are the best models of practice and what can be modeled in 2017. Binge drinking is part of the TDATF local awareness campaign and alcohol brochure</p>
	Treatment & Rehabilitation Pillar Actions	Progress to end 2016 in Implementation of Action
Action		Tallaght has 5 community based methadone clinics and a HSE methadone clinic, in



	Treatment & Rehabilitation Pillar Actions	Progress to end 2016 in Implementation of Action
32	<p>Develop a comprehensive integrated national treatment and rehabilitation service for all substance users using a 4-tier model approach. This will incorporate:</p> <ul style="list-style-type: none"> • the ongoing development of the spread and range of treatment services; • the recommendations of the Report of the Working Group on Drugs Rehabilitation; • the recommendations of the Report of the HSE Working Group on Residential Treatment & Rehabilitation (Substance Abuse); and • The provision of access to substance misuse treatment within one month of assessment. <p>HSE (Lead)</p>	<p>addition to 22 level 1 and level 2 GPs</p> <p>The Treatment and Rehabilitation subgroup is the key arm of the task force that implements the recommendations of the report of the working group on drugs. T & R structures its meeting based on the implementation of the rehabilitation framework protocols. The HSE residential Treatment & Rehabilitation guidelines have been presented on 3 times in 2016; Angela Tierney is the HSE rep for TDATF T & R. Waiting lists have not been raised by either service users or projects as an issue in Tallaght. There are waiting lists for Barnardos and TRP, pre entry supports are put in place to support individuals while awaiting full service engagement</p>
Action 33	<p>Maximise operational synergies between Drug Addiction Services, Alcohol Treatment & Rehabilitation Services, General and Emergency Hospital Services and Mental Health Services. Within this context, there should be a focus on addressing the needs of dual diagnosis clients.</p> <p>HSE (Lead) with support from Voluntary sector</p>	<p>TDATF Rehab, HSE Addiction Outreach and SDC Homeless outreach in 2016 worked on case management and referral pathways with Tallaght Hospital Psyche unit and Tallaght Mental health day services. Tallaght Hospital social work have participated in SAOR training and are submitting a proposal to advance drug and alcohol education workshops and one to one in reach in Tallaght hospital – this was been delayed in 2016 due to personnel changes. Alcohol awareness workshop was delivered to patients in the psych unit (Rowan ward of Tallaght Hospital) This remains relationship driven rather than service driven</p> <p>Through Hidden Harm work, Barnardos and Tusla have developed workshops for adults on the impact of alcohol and drug misuses through the eyes of children. HSE alcohol service have agreed to facilitate these workshops in 2017 as part of the community education alcohol programme</p>



	Treatment & Rehabilitation Pillar Actions	Progress to end 2016 in Implementation of Action
Action 34	<p>Expand the availability of, and access to:</p> <ul style="list-style-type: none"> • detox facilities; • methadone services; • under-18 services; and • needle exchange services <p>Where required.</p> <p>HSE (Lead)</p>	<p>HSE Addictions services employ an addiction counselor for the Tallaght area, HSE fund a part time addiction counselor through CARP. WASP, JADD and SWAN all provided counseling services in a voluntary capacity</p> <p>NEW Hope host 26 men in residential and housing aftercare supporting detox, abstinence and sustaining recovery and aftercare. Community detox protocols and Tier 4 residential pathways are part of the treatment and rehabilitation subgroup mandate. There are 5 community clinics (3 which sit on T & R), HSE addiction outreach and HSE rehab manager also sit on T & R representing HSE addiction and outreach services. HSE addiction outreach and 3 community projects provide needle exchange in Tallaght.</p> <p>TDATF area has HSE Yoda under 18's services, Jigsaw 16-24 mental health services. CARP facilitate an under 18's reduction programme and youth programme for young people using alcohol and/or substances</p> <p>At risk Groups.</p> <p>Tallaght Travellers is a member of TDATF and T & R subgroup. The HSE addiction outreach team are working closely with Tallaght Travellers to facilitate needle exchange with the traveler community</p> <p>Probation Services sit on TDATF and T & R. TDATF Rehabilitation coordinator facilitated SAOR training with probation officers summer 2016. Community probation project chair T & R. T & R works both priority areas as part of its work plan and implementation of the national rehabilitation framework</p> <p>TDATF Rehabilitation coordinator is the chair of South Dublin Homeless forum and works in line with the national rehabilitation framework and south Dublin county council in facilitates all homeless services and services working with individuals and families in or at risk of homelessness in working together</p>



	Treatment & Rehabilitation Pillar Actions	Progress to end 2016 in Implementation of Action
		HSE addiction services outreach facilitates needle exchange, they have introduced a mobile needle exchange, and they facilitate training and support community needle exchange. TDA TF have 3 projects which host community needle exchange 2 services provide non-targeted homeless/low threshold services as requested (JADD, St Dominics), 1 community project, CARP facilitates an interagency low threshold service one morning per week supported by HSE Addiction Outreach and SD County Council
Action 35	Review the Methadone Treatment Protocol to maximise the provision of treatment, to facilitate appropriate progression pathways (including exit from methadone treatment where appropriate) and to encourage engagement with services. The review will include engagement with the community and voluntary sectors. Examine and implement as appropriate, alternative substitute opiate treatment services. HSE (Lead)	
Action 36	Continue to develop and implement across health services the screening/assessment of people presenting with early indicators of drug and alcohol issues, utilising a uniform brief intervention tool, and including referral where appropriate. HSE (Lead) with support from C & V sectors	TDA TF committed in 2016 to support the implementation of SAOR



	Treatment & Rehabilitation Pillar Actions	Progress to end 2016 in Implementation of Action
Action 39	<p>Maintain and develop treatment services dealing with Blood Borne Viruses (BBVs), with particular emphasis on Hepatitis C treatment services.</p> <p>HSE (Lead)</p>	<p>HSE Addiction Outreach worker sits on T & R subgroup. T & R facilitate harm reduction as a core item on the agenda. Increases in BBVs and trying to increase clients screening and engagement in Hepatitis C treatment remains on the agenda</p>
Action 40	<p>Develop a response to drug-related deaths through:</p> <ul style="list-style-type: none"> I. A National Overdose Prevention Strategy; II. A co-ordinated health response to the rise in deaths indirectly related to substance abuse; and III. A review of the regulatory framework in relation to prescribed drugs <p>HSE (Lead) with support from D/Health.</p>	<p>TDATF advocate consistently on the number of drug related deaths; anecdotally Tallaght experienced a significant rise in these numbers in 2011. TDATF projects locally responded to the much bereavement in communities, projects and families throughout Tallaght.</p>
Action 41	<p>Support families trying to cope with substance-related problems, in line with the recommendations of the Report of the Working Group on Drugs Rehabilitation.</p> <p>HSE (Lead) With support from FSA; Depts. and Agencies; FSN; DTFs; C&V sectors.</p>	<p>TDATF in 2016 has introduced SMART training and the promotion of SMART family training in 2017.</p> <p>TDATF hosts three primary community based family support projects</p> <ol style="list-style-type: none"> 1. WASP (facilitates family support groups, one to one care plans for all members of the family, family meditation, means group and education programmes for family members) 2. SWAN (provides holistic treatment services and counseling services) 3. Barnardos Lorien family support project (individual tailored parenting and child programmes for families in substance misuse) 4. Other community based services facilitate family support initiatives such as JADD, St Dominics, CARP
Action		TDATF partnered with SWAN community based family support project to facilitate a



	Treatment & Rehabilitation Pillar Actions	Progress to end 2016 in Implementation of Action
42	Continue to develop and expand: (i) Service User Fora; HSE (Lead) and (ii) Drug User Fora D/Health (formerly OMD) (Lead) In line with the recommendations of the Report of the Working Group on Drugs Rehabilitation.	communication and leadership programme for service users across treatment rehabilitation and family support services. The purpose of this training was to encourage and equip services users to take up representation on TDATF subgroup structures. 8 people completed this training, two service users temporarily joined T & R (service user moved on in their recovery) and two service users joined Family support. Service user involvement has been prominently named in 2017-2020 strategic plan and 2017 work plan
Action 44	Address the treatment and rehabilitation needs of: <ul style="list-style-type: none"> • Travellers; • New Communities; • LGBTs; • Homeless; and • Sex Workers This should be facilitated by engagement with representatives of those communities and/or services working with those groups as appropriate. HSE (Lead) With support from C&V sectors.	Consultations were hosted with the primary care community health workers of Tallaght Travellers CDP, this has encouraged TDATF representation and partnering With HSE Addiction Outreach services to model a traveler specific needle exchanges. Consultation for the strategic plan included service user and a youth specific consultation CARP host a polish counseling service TDATF rehabilitation coordinator chairs the South Dublin County Homeless forum and works with low threshold homeless services and services working with homeless individuals and families in the context of the national rehabilitation framework T & R have advocated to both the task force and homeless forum re the gap in low threshold services in Tallaght There are 5 rehabilitation projects in Tallaght Each of these services have implemented eCASS as part of the project recording and reporting 4 of these projects participate on the treatment and rehabilitation subgroup There were 4 DSP special category projects in Tallaght. St Dominics Community Response Project did not renew their contract with DSP in 2016. St Dominics Community Response Project met with the HSE Addiction services to consider the impacts and changes within their service, TDATF are reviewing their relationship with projects and their mandate as an advocating and oversight collaborative body.



	Treatment & Rehabilitation Pillar Actions	Progress to end 2016 in Implementation of Action
		<p>2 of these DSP projects are regular attendees of the treatment and rehabilitation subgroup in 2016.</p> <p>TDATF have supported the following rehabilitation initiatives in Tallaght in 2016</p> <ol style="list-style-type: none"> 1. Tallaght Rehabilitation Project Residential for clients exploring community detox (appendix 2) 2. Box SMART (QQI level 5 health and fitness programme for clients on a low dose of methadone or abstinence, through boxing and recovery supports. This initiative) is primarily supported by South Dublin County Partnership with sponsorship from both SDC Sports Partnership and TDATF (appendix 3) 3. New Hope Residential (20 men's residential unit supporting 12 month abstinence based recovery); receives no contract funding. TDATF supported New Hope under the TDATF Development and Sustainability Fund 2016. WASP Men's group was also supported. <p>Fran it might be best to do a piece on grants separately</p>
Action 45	<p>Develop a clinical and organisational governance framework for all treatment and rehabilitation services, in line with the Report of the Working Group Examining Quality & Standards for Addiction Services, and subject to a timeframe for compliance given the resource implications involved.</p> <p>HSE (Lead) with Support from Voluntary sector</p>	<p>Better Safer health care is a core element of T & R and the governance work plan for 2017</p>
Action 47	<p>Develop national training standards for all involved in the provision of substance misuse services.</p>	<p>TDATF coordinated and facilitated MI beginning and advanced train the trainer training. 16 trainers have completed the training with a view delivering 16 MI training sessions in 2017</p>



	Treatment & Rehabilitation Pillar Actions	Progress to end 2016 in Implementation of Action
	<p>Coordinate training provision within a single national substance misuse framework. This will include the continued development of responsive training and educational courses and modules for people working in treatment and rehabilitation services to meet current and emerging needs.</p> <p>HSE (Lead) With support from voluntary sector; key academic institutions.</p>	



4

	Research & Information Pillar Actions	Has Action been fully implemented (Yes/No)	Progress to end 2016 in Implementation of Action
Action 51	Monitoring problem substance (including alcohol) use among those presenting to hospital Emergency Departments HSE (Lead Role)		Next Generation Research was completed in 2016 TDATE worked as an interagency collective on the consultations, direction, strategic themes and actions in the Strategic plan 2017-2020



3.2 TDATF's Alcohol Strategy

The latest statistics from Alcohol Action Ireland (www.alcoholireland.ie) show that per capita alcohol consumption in Ireland was 11.46 litres of pure alcohol per person aged 15+ in 2016, an increase of 4.8% from 2015, when it was 10.93 litres. Alcohol consumption in Ireland almost trebled over four decades between 1960 (4.9 litres) and 2001 (14.3 litres).

The National Alcohol Diary Survey (2014) showed that more than half (54%) of 18-75 year old drinkers were classified as harmful drinkers which equates to 1.35 million harmful drinkers in Ireland.

3.2.1 CAAP

Prior to the commencement of the Development Worker post in February 2016, Tallaght Drug and Alcohol Task (TDATF) had undertaken the Community Action on Alcohol Project pilot (CAAP), developed a community Action on Alcohol Plan for the Tallaght/Whitechurch area and successfully secured Dormant Account Funding.

In line with the objectives of TDATF Community Action on Alcohol Plan the Alcohol Sub-group met regularly to give guidance and support the work of the plan. Within in this time, the sub-group reviewed and updated its terms of reference and membership. In addition to the original six members of the subgroup, two more members (including the Development Worker) undertook the CAAP training in round two which continued to increase the capacity and education of the TDATF around alcohol.

3.2.2 Create awareness campaign around alcohol harm

The following activities took place in 2016:

Three workshops facilitated by the alcohol forum were scheduled in April & May

- A: Alcohol Awareness, 19th April 2016 was attended by 16 workers across Tallaght/Whitechurch
- B: FASD & Alcohol and the adolescent brain, 10th May 2016 was attended by 17 participants
- C: Alcohol related Brain injury, 24th May 2016 attended by 26 participants (Figures 6 and 7).

Figure 6 Learning outcomes from FASD alcohol and the adolescent brain workshop

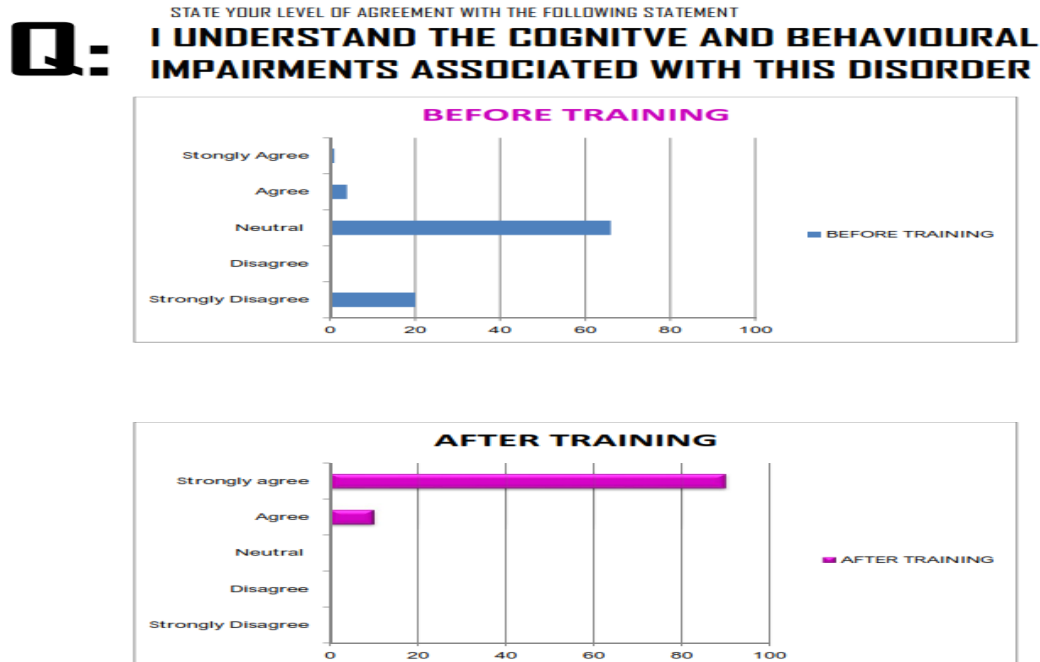
Q:

STATE YOUR LEVEL OF AGREEMENT WITH THE FOLLOWING STATEMENT

I UNDERSTAND HOW ALCOHOL CAN DAMAGE THE BRAIN



Figure 7 Learning outcomes from alcohol related brain injury workshop



3.2.3 What the Harm? Cross task Force Seminar

This joint conference was held in the Louis Fitzgerald Hotel on 16th November 2016 as a joint action between Ballyfermot LDATF and Tallaght LDTAF funded through the Dormant Account Fund. It was attended by professionals and services working in the communities of Tallaght, Whitechurch, Ballyfermot and beyond. The goal of the conference was to highlight the issue of problematic alcohol use from a personal, health, social and community perspective. The conference was targeted at all workers in the community who may come into contact with people who might be experiencing problematic alcohol use. Collaboration between LDTAF's was an effective use of resources as it split costs and the time needed to organise the event.

The goal was to highlight that addressing alcohol related harm is best done through a public health approach – that is targeting all members of the community, through whatever services they presented at. A range of speakers were invited to talk about alcohol from a number of perspectives; alcohol use and pregnancy, alcohol and offending; alcohol and its impact on the family.

The role of screening and brief intervention within non-specialised substance misuse services was emphasised, with the overall message being that screening and brief intervention is the best means of tackling alcohol related harm using a public health approach. Local referral pathways were then distributed to delegates by way of leaflets.



The conference was a means to get as much information as possible out to as many workers as possible, but that it was only the first step in what should be regarded as an on-going relationship across sectors for the purpose of addressing alcohol related harm. Brining the issues, training needs and coordination of services back locally was one of the key messages sent out at that conference.

3.2.4 Public information Stands

Public information stands were delivered during South Dublin County Council Health and Wellbeing week at the health fair, the county council building and the Square Tallaght. The purpose of the stands were to increase awareness of the harm associated with alcohol, promote healthier choices when it comes to alcohol consumption, increase knowledge of what a standard drink is and promote the number of “low risk” guidelines of standard drinks for men and women. The proved to be a huge success with many engaging with us.

3.2.5 Support for the Public Health Alcohol Health Bill

The Public Health Alcohol Bill is legislation designed to tackle Ireland’s harmful relationship with alcohol. It aims to reduce the damage that alcohol causes to individuals, families and society by reducing our alcohol consumption with particular focus on protecting children and young people from alcohol harm. The Task force were fully behind the bill and were involved in sharing of information on the bill at all events hosted by the Task Force, continuous updates via social media channels, regular updates at sub-group committee meetings and requesting projects to share the information with their service users and requested that a motion be put forward to South Dublin County Council to support the Bill in its entirety.

3.2.6 Media

The task force engaged with Tallaght It student to develop a media piece around alcohol harms and work commenced towards the end of 2016. A short film will be produced in 2017 and shown across various locations

3.2.7 GAA

The TDATAF engaged with the GAA through discussions with Stacey Cannon, the National Healthy Club’s Coordinator. Nine GAA clubs serving Tallaght/Whitechurch area were contacted and TDATAF gave a presentation to each on how we can work together to address alcohol within GAA clubs. Presentations resulted in commencement of work with Thomas Davis GAA. St Enda’s Ballyboden hosted SAOR training with mentors. St Jude is developing a Drugs & Alcohol Policy for their club.



3.3 TDATF's Work Plan for 2017

Table 15 shows TDATF's Work Plan for 2017.



Table 15 TDATF's Work Plan 2017

strategic Theme	Outcomes	Action	Responsibility	Performance indicators	Staff lead
Improved service user and community outcomes	Increased number of people are drug free	Implement SMART recovery groups open and closed; promote SMART recovery in the area. Explore related SMART recovery groups e.g. Sex gambling	T & R	Q1 Whitechurch closed and Tallaght open Q2 To have 12 SMART facilitators 6 SMART recovery groups, SMART facilitators network, 25 facilitators trained in SMART recovery	Rehab Coordinator
	More families are supported	integrated working Promote SAOR Promote Meitheal Launch next generation research document	T&R, Barnardos Lorient & Tusla	Q1 & 2 Q3 Drug/Alcohol specific projects completed Meitheal training Each projects has a manager and all staff (paid) completed Meitheal training	Rehab Coordinator
	Children are safer	Progress Next Generation Research		Q2: Target families as part of TF work plans	
	The cycle of intergenerational substance	Family Days, Adult Day, Hope and Remembrance 2 sites introduction of standardised forms, holiday period, family support facilitators and SMART	Family Support Sub-	Ongoing Providing respite & support for family	TF Coordinator Rehab



	<p>misuse is broken</p> <p>There is an improvement in school attendance</p>	<p>recovery. attend FS, link with CYPSY, Meitheal training, National Conference</p> <p>Reduce early onset of alcohol use. Reduce youth offending. Target 10-13 year olds, target vulnerable points e.g. bereavement, MH, suicide/self-harm, join up alternative activities, facilitate SAOR/MI training with leaders. All projects and staff do Meitheal training working with young people. Develop appropriate referrals for parents and young people</p> <p>Education Bursary grants. SDC Partnership lifelong learning shared care information and advice service extension to drug/alcohol specific projects. Explore employment pathways with SDC Partnership</p>	<p>group</p> <p>Under 18's Sub-group</p> <p>TDEI</p> <p>T&R</p>	<p>members</p> <p>Make adequate training available for family support groups / workers</p> <p>Ensuring family support in Tallaght is advertised & promoted locally as well as and represented at national level</p> <p>Pilot MI approach with Old Bawn staff and parents. Pilot interagency support team with Old Bawn: increase number of referrals from school to support services e.g. jigsaw, yoda, foroige, carp; reduce expulsions/suspensions due to drugs (how do we measure this)</p>	<p>Coordinator</p> <p>TF Coordinator</p> <p>Rehab Coordinator</p> <p>Rehab Coordinator</p>
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			T & R /SDC Partnership/ Ed bursary team	Open all year	TF Admin TF Coordinator Lifelong learning dev officer
Effective partnership	<p>There is increased accountability from all partners of the local and national drugs strategy</p> <p>There is enhanced rapport with statutory agencies</p>	<p>SAOR</p> <p>Deliver SAOR training, deliver soar booster for services working on wrap around supports for their clients to Tier 2 and 3 services. Support SAOR with MI basic training</p> <p>Implement Standardised forms across FS/Treatment, Rehab/Alcohol Specific Services</p> <p>Support memorandum of agreement between services to support cohesive pathways</p> <p>Social inclusion target group Work plan</p>	<p>SDC Partnership & TDATF</p> <p>T&R Tier 2 drug alcohol specific projects ; JADD, New Hope, Dominics, TRP, CARP, WASP, SWAN, Lorien, WRENS, BASP, FDRP, St Aengus and Foroige/Under</p>	<p>Q1. Support GAA pilot with SAOR and MI.</p> <p>Q2. Target employment services/target group e.g. Travellers with SAOR and MI</p> <p>Q3. Work with tier 2/3 drug and alcohol specific services about referrals and project worker support for tier 1 services</p> <p>Deliver SAOR 3 times for Tallaght Services</p> <p>All Drug/Alcohol specific services/workers using NRF forms, 4 case management meetings, 8 services with memorandums of agreement with each other, all attend T&R and complete client tracker. Target group: disability services, mental health services, homelessness individual and family, Tallaght hospital/Travellers</p>	<p>Rehab Coordinator</p> <p>Rehab Coordinator</p>



	<p>TDATF can influence structural reform nationally</p> <p>There is more effective interagency collaboration</p>	<p>Contribute to the development of policy & participate in national forums. Collaborate with other Task Forces where appropriate</p> <p>Continue to lead by example locally & facilitate opportunity to work in partnership where relevant.</p>	<p>18's adapt appropriate referral to FS/Treatment Services</p> <p>LDATF Coordinator & Chair Networks</p> <p>National Steering / sub-groups</p> <p>TDATF</p> <p>All relevant partners / agencies & stakeholders</p>	<p>Q1 Contribute to finalizing new NDS</p> <p>All year: Chairs & Coordinators Network meetings are held regularly</p> <p>Q1 Completing research & strategic plan</p> <p>Q2 Rolling out actions</p> <p>Project Training calendar: all project worker training is collective = shared learning & opportunity to network</p> <p>ECASS support group is another example of how agencies can benefit from shared learning</p>	<p>TF Coordinator & Chair</p> <p>TF Coordinator & Chair</p> <p>Rehab Coordinator</p> <p>Alcohol Worker</p>
Increased capacity	Child focused services meet need		<p>TDATF</p> <p>Community & Voluntary Projects</p>	<p>Q1 Highlight project sustainability in plan and launch</p> <p>Q2 Review impact of cuts on projects 2008 to date</p>	TF Coordinator & Chair



	<p>There is an increased capacity to respond to poly drug use</p> <p>TDATF has longevity and remains sustainable</p> <p>All projects are fully funded</p>	Branding and name change		Q2 Prepare pre-budget submission which includes findings above	
Communications & Publicity	<p>TDATF's message is communicated successfully across a number of mediums. TDATF clearly and successfully promote a number of campaigns</p>	<p>Up skill and facilitate a Tallaght-wide communication strategy; purpose to engage the public, use existing resources: The Square, newsletters, facilitate an information strategy with services re how to manage information and what information is communicated, facilitate area based pilot to log people onto our Facebook and target groups by area/parents</p> <p>Supply & Justice: review and</p>	TDATF	<p>Q1 & Q2 Promoter Crimestoppers Campaign including leaflet drop & lamppost drive</p> <p>Ongoing: manage & update TF website & Facebook page</p> <p>Q1 Review directory handout & reprint</p> <p>Q2 update website & online directory</p> <p>Ongoing: Promoter various alcohol awareness programmes / info as part of CAAP</p> <p>Q4 Annual Newsletter</p>	<p>Coordinator</p> <p>Alcohol Wkr</p> <p>TF Admin (CE)</p>



		<p>expand sub-group. Devise priority actions for 2017</p> <p>Look at acceptability and ambivalence across TF Communities</p>		<p>Q2: Review with new Garda rep</p> <p>Q2: Expand sub-group to include TF Coordinator and more community reps</p> <p>Q3 & Q4: Carry out actions un</p> <p>All year: promote Crimestoppers campaign</p>	
	Service user involvement	Service user survey	<p>Q2. Look at UISCE and South west models of practice. Develop Tallaght SU framework with target sand progress reports for implementation in 2017 across all measures of work plan</p> <p>Service users satisfaction surveys (promote community detox protocols through this mechanism)</p>	<p>3 service user surveys with 5 services</p> <p>Deliver on 1 action identified from each survey</p>	Rehab Coordinator



			SU participation policy linked to projects better safer health care and sign up to agreed shared actions		
	Governance	Support projects with their adherence to governance facilitate TF internal governance procedures and facilitate clear transparent reporting to and from TF and projects	<p>Quarterly financial reports to TF.</p> <p>Q1. Establish mandate of TF with DPU, support follow up with drug/alcohol projects.</p> <p>Review complaints framework and include complaints reporting as part of T & R client tracker to capture formal complaints within and about services from client perspective</p>	Task Force, SDC Partnership & HSE	<p>Share resources 10 projects</p> <p>Coordinator</p>
	Tallaght workforce Development (time	CRA and MI support network, project workers to support Tier 1 referrals, share drug/alcohol education awareness with the public. All projects and staff do	<p>Q1 MI Training</p> <p>Q2 DVP Training for drug awareness , alcohol awareness</p>		



	management, holistics, SAOR, Meitheal, smart, M.I)	Meitheal training	training to the public		
	Alcohol	Pilot GAA alcohol prevention and treatment strategy. Alcohol awareness campaign with the public, people working with young people and all Tiers 1-4 practitioners. Provide alcohol education interventions in partnership with the rehabilitation supports.	Reduce public order offences. Increase referrals to rehab support services/care planning. Increase practitioner's capacity to engage clients re alcohol and support referrals or support change talk. Approach Tallaght IT re REACT and support with SAOR		Alcohol worker C Purdy Healthy Counties Under 18's Rehab Coordinator
	NDS actions 2016 to address	Consultation with target groups Service user involvement strategy Under 18's Communication strategy SAOR Alcohol Campaign Hidden Harm			



	Research Evidence Based/Better Safer Healthcare	Research, Practice and measuring performance. Supporting quality services. Research needed for Strengthening families, new hope, Box Smart		Q2 Recovery outcomes framework workshops and introduce to drug/alcohol specific services. Measure performance	T & R Sub-group Rehab Coordinator
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4 Profile of TDAF projects

4.1 Analysis of the impact of TDAF projects as a group in addressing the drugs problem and continued relevance to TDAF's strategy

4.1.1 Project sustainability and development

In late 2013, TDAF funded independent research into the impact of cumulative budget cuts on projects and services. The research was launched in early 2014 and updated in 2015.

It documented the impact of mainstream, interim and other funding cuts on TDAF projects and services for the years 2009 to 2013.

Although TDAF is one of the most successful drug task forces in the country in terms of numbers of clients attending and client outcomes, it suffered an accumulative cut of 20.5% in mainstream funding between 2009 and 2013. The shortfall affected salaries, programme hours and overheads, including utility costs. Interim funding in the same period had an accumulative cut of 23.42%. TDAF addressed the shortfall by 1) reducing the funding streams to all interim funded projects and 2) closure of three projects (Tallaght Probation Project's Artsbase Programme; Tallaght Drug Workers Forum (Liaison Meetings), and An Cosan's UCD Diploma Course in Community Drug Work).

In addition to these mainstream and interim cuts, the HSE withdrew one methadone clinic and will not replace nursing support to four treatment clinics in the TDAF area.

The equivalent of 11 full time posts was lost as a result of the cuts. In addition, some projects implemented cuts to staff hours. It was not possible to obtain an accurate estimate for all projects because of different funding streams and accounting mechanisms, but for four projects the cut in staff hours amounted to 1440 hours (equivalent to 41 weeks, on the basis of a 35 hour week).

TDAF projects and administration responded to the cuts on a project by project basis. Responses included wage cuts, unpaid leave, move to cheaper premises, reduced operational costs, closure of non-core services, reduced service user numbers, and reduced opening hours. In some cases projects adopted actions that may have hindered long term sustainability, including bank deficits, withdrawal of continuous professional development (CPD) opportunities for staff, and staff working excessive unpaid hours.

Four TDAF projects were asked to calculate their unpaid hours. These four projects worked a total of 3592 unpaid hours in 2013, equivalent to 102 weeks (based on a 35 hour working week). This was not sustainable.

Projects reported they were increasingly challenged to cover utility costs, maintain premises to an adequate standard, maintain a high standard of service provision, and sustain staff morale and health.



The funding cuts were implemented at the same time as a huge increase in demand for services and also significantly increased management demands on services, including new policies on governance, the introduction of the national eCASS database and NDRIC protocols.

In 2016, all projects continued to suffer the impact of these cumulative reductions which took place between 2008 and 2013. It is a priority of TDATF's strategy to restore funding to 2008 levels.

4.1.2 Outcome planning and reporting

ECASS continued to develop in 2016, with a support network established to promote peer and shared learning across services. It remains a work in progress and projects continue to struggle to fulfil their commitments to the programme because of limited staff resources.



4.2 How TDATAF projects relate to the NDS pillars and contribute progress under each pillar

Pillar * :	Alcohol
DTF objective :	<p>Our main objective was to put into action the TDATAF Community Action on Alcohol plan:</p> <p>Prevention and Education: To raise awareness of Alcohol harm in the community</p> <p>Supply, Justice & Accessibility: to develop a coordinated response to the existing level of Access and Availability of Alcohol in our community</p> <p>Family Support: Provide supportive services for families who may require alcohol education or therapeutic interventions in the community</p> <p>Treatment and Rehabilitation: Provide supportive services for individual who may require alcohol or education or therapeutic intervention in the community</p> <p>Research: Develop a mechanism to gather research evidence from stakeholders</p>
Outcomes	<ul style="list-style-type: none"> • Alcohol Development worker recruited for 12months. • Activities Schedule developed in line with actions of the plan • First round of seminars took place with community workers in Tallaght/Whitechurch: Alcohol Related harms; Fetal Alcohol Spectrum Disorders /Alcohol and the Adolescent Brain; Alcohol Related Brain Injury • Engagement with Tallaght to begin conversations around greater awareness of alcohol and alcohol related harms. Tallaght IT is alcohol free campus. Work commenced with students to develop a media piece around alcohol. • Engagement with GAA through discussions with Stacey Cannon, National Healthy Clubs Coordinator. Initiated contact with 9 GAA clubs serving Tallaght/Whitchurch area proposing a presentation of how we could work together to address alcohol within GAA clubs. Presentation resulted in commencement of work with Thomas Davis, Ballyboden St Enda's who hosted SAOR training with mentors, and St Jude is developing a Drugs & Alcohol policy for their club. • Information leaflets developed with information on standard measures, low risk guideline, binge drinking, alcohol and pregnancy, alcohol and the adolescent brain and a list of support services • Public information stands hosted in the Square and South Dublin County Council to increase awareness of the harm associated with alcohol, promote healthier choices when it comes to alcohol consumption, increase knowledge of what a standard drink is and promote the number of "low risk



		<p>guidelines” of standard drinks for men and women</p> <ul style="list-style-type: none"> • Cross Task Force Seminar – seminar held to increase awareness around alcohol and related harms and deliver to a larger geographical area and in a more cost effective way a joint venture with Ballyfermot Task Force. Seminar took place in Louis Fitzgerald Hotel on 16th November with 86 participants attending • Supported PHAB and information disseminated at all training events • Continuation of working alongside Healthy Counties (County Council) Rep to ensure work taking place in line with healthy counties objectives • All training advertised locally to all agencies in Tallaght to engage and increase knowledge around alcohol • Work with U18 strategy group to included prevention/education on alcohol for young people • Next Generation Research completed
Category **	Project Code	Project Name
Poly Drug Use including Alcohol		Tallaght Rehabilitation Project (TRP)
Poly Drug Use including Alcohol		Jobstown Assisting Drug Dependency (JADD)
Poly Drug Use including Alcohol		Community Addiction Response Project (CARP)
Poly Drug Use including Alcohol		Brookfield Addiction Support Project (BASP)
Poly Drug Use including Alcohol		St Dominic’s Community Response Project
Poly Drug Use including Alcohol		St Aengus Community Action Group Ltd Project
Poly Drug Use including Alcohol		Fettercairn Drug Rehabilitation Project (FDRP)
Poly Drug Use including Alcohol		Swan Family Support
Poly Drug Use including Alcohol		Whitechurch Addiction Support Project (WASP)

Pillar * :		PREVENTION
DTF objectives :		<ul style="list-style-type: none"> Consolidate and extend interventions aimed at engaging at risk young people in diversionary activities. Continue to support quality assured policy development & procedures for working with young people. Conduct cross-task force research into the factors that affect young people's susceptibility to substance misuse and how best to engage and retain young people in treatment Continue to provide educational support (e.g. Education Bursary Fund) Develop strategic responses to the needs of new communities, including needs analysis research, creation of networks and capacity building. Draw on the experiences of existing community development in Tallaght. Develop a Tallaght-wide campaign to raise awareness, to include dissemination of information, maintenance of a web-based directory, creation of central information points and streamlined referral pathways. Assess all protocols and procedures and update as required. Implement regular monitoring and review procedures for all activities and interventions in receipt of interim funding. Agree performance indicators and accountability structures. Further develop TDATF's commitment to openness and shared learning.
Outcomes :		<p>Please refer to progress report, TDATF Newsletter and individual LDTF1 forms or SLA's for full list of project outcomes.</p> <ul style="list-style-type: none"> The work of the Education / Prevention sub-committee of TDATF is centered on prevention and education in relation to best practice in drug education, while meeting the objectives of the overall prevention and education strategy. The sub-group continues to aim to identify gaps in the current provision of prevention and education in the Tallaght area, and work with the TDATF towards filling those gaps. Education Bursary Fund: €40,000 used to provide training opportunities to individuals in recovery and collective training to key addiction staff. TDEI ran free drug awareness courses for parents and young people Youth Health café is going well following relocation TDEI successfully delivered training including Strengthening Families & Putting the Pieces Together. Continuing to explore strategies to respond to issues that impact the lives of children and families of drug mis-users including intimidation and intergenerational cycles of substance misuse.
Category **	Project Code	Project Name
Prevention / Education	T2-10	Tallaght Drug Education Initiative
Prevention / Education	T-17	Community Addiction Studies Course (CAST)
Prevention / Education	T2B-4	Foroige Youth Health Café
Prevention / Education	T2-13	TDATF Development Fund (Education Bursary)
Prevention/ Ed*	T2-4a	SWAN Family Support Project
Prevention/ Education*	T2-4B	Barnardos Child & Family Service
Prevention / Education	T2-9	Communications & Publicity Fund

Pillar * :	TREATMENT	
DTF objective :	To create appropriate and effective synergies to enable people in recovery to sustain, progress and advance in their recovery through sustainable, consistent and supported pathways. To support the priority issues identified in the Treatment and Rehabilitations subgroup.	
	Support the treatment and rehabilitation sub-group work plan and priorities 1. Response to substances and impacts e.g. prescription drugs, alcohol, cannabis, cocaine 2. Project cohesion 3. Aftercare and those in early recovery (drug free) 4. Support the implementation of an integrated alcohol strategy 5. Contribute to the targeted gender response framework to support the progression of female offenders with substance misuse issues 6. Explore the increased impact of housing and homelessness on our client group with a view to maximising engagement in treatment and rehabilitation pathways 7. Support the engagement of all clients requiring treatment and rehabilitation including those not accessing opiate driven services 8. Support clients entrenched in services and methadone programmes whose primary substance of abuse may have changed from heroin to alcohol or prescription drugs, cannabis etc.	
Outcomes	Please refer to progress report, TDAF Newsletter and individual LDTF1 forms or SLA's for full list of project outcomes.	
	Support the treatment and rehabilitation subgroup work plan and priorities : To up skill and inform practitioners via training. Sustain and enhance pre entry pathways programme for clients seeking detox, residential treatment and rehabilitation. To support rehabilitative integration of men in residential exit and progression pathways into non-drug specific training opportunities in Tallaght. To teach and promote independent living skills focusing on physical health and wellbeing, as rehabilitation service outcomes. Enhance care pathways for women offenders, for mental health patients, for client in homelessness, & for women in domestic violence.	
Category **	Project Code	Project Name
Treatment	T2-1C	BASP (Brookfield Addiction Support Project)
Treatment & Rehabilitation	T2-8d	Treatment & Rehab fund
Treatment & Rehabilitation	T2-8e	JADD: Rehab worker & training community drug worker
Treatment	T2-15	St. Dominics Treatment Project
Treatment	T219S/D	Tallaght Cocaine Project
Treatment & Rehabilitation	T2-8a	St. Aengus Stabilisation
Rehabilitation	T2-14	Rehab Coordinator
Rehabilitation	T2B-1	SLANU Young Persons Rehab Programme
Rehabilitation	T2B-2	TRP Aftercare Programme



Category **	Project Code	Project Name
Treatment & Rehabilitation	T2-8e	JADD: Rehab worker & training community drug worker
Treatment & Rehabilitation	T2-8a	St. Aengus Stabilisation
Treatment & Rehabilitation	T2-8b	St. Dominic's Stabilisation
Treatment & Rehabilitation	T2-8e	JADD: Rehab worker & training community drug worker
Rehabilitation	T2-14	Rehab Coordinator
Rehabilitation	T2B-1	SLANU Young Persons Rehab Programme
Rehabilitation	T2B-2	TRP Aftercare Programme



Pillar * :	SUPPLY & JUSTICE	
DTF Objective	<p>To establish strong links within the community with a view to assisting community policing (liaising closely with Guards, drug unit and Local Authority) and empowering residents to take pride in their areas.</p> <p>Assisting with the prevention of drug dealing / misuse and anti-social behavior within disadvantaged areas.</p> <p>Facilitating community clinics and participating in local policing committees in order to improve key relationships between residents, guards and local authority</p> <p>Encouraging and promoting active participation and social justice within the community.</p> <p>Information provision: to residents and key agencies</p>	
Outcomes	<p>Please refer to progress report, TDAF Newsletter and individual LDTF1 forms or SLA's for full list of project outcomes.</p>	
	<p>These two projects were cut by 50% in 2012 and are continuing with salary costs only, on a part-time basis.</p>	
Category **	Project Code	Project Name
Supply / Community Policing	T2-16	Fettercairn Safety Forum
Supply / Community Policing	T2-17	Killinarden Safety Forum



5 Service Users input

The TDAF Rehabilitation Co-ordinator designed and developed a service user participation strategy in 2016, to include a training programme, care plan support and participation in TDAF sub-groups. SWAN have been supported by the TDAF Rehabilitation Coordinator to recruit, train and mentor eight service users.

TDAF has 11 projects, all of which have service user involvement strategies in place. In line with better safer health care, TDAF will be continue to support service user involvement through the 11 projects and the TDAF operational frameworks.

In 2016, TDAF designed and delivered a communication and leadership's initiative for service users in line with recommendations of the service user programme. Four service users from this course attended the T & R, and Family Support subgroups, and there are two service users still in attendance at these meetings.

5.1 Service user participation strategy

Service user involvement can help to achieve three fundamental objectives:

- a. Strengthen accountability to all stakeholders
- b. Services that genuinely respond to the need of users
- c. A sense of ownership and trust

The purpose of the group was to improve communication and leadership skills of service users with the end goal of having representation on the sub-committees of the Task Force. One common factor involvement is the positive impact it has on service users.

The group met weekly for 1½ hours for ten weeks, using the Toastmasters approach to communication and leadership skills. The group started with ten participants and finished with eight.

Seven adult women and three adult men participated. Each individual was invited to complete a questionnaire at the outset and at the end of the ten weeks. The questionnaire offered a range of questions with a scoring from 1 to 10 with 10 being the highest. Respondents were asked questions on a number of topics, including how they would rate their motivation, communication skills and self- esteem.

All participants reported an improvement in all areas by the end of the ten weeks. They found the group to be hugely beneficial, increasing confidence levels in public speaking and it helped with their own personal development. The majority of participants would like to continue with further training.

Two participants currently sit on the T&R subgroup and one participant also sits on the Family Support subgroup.



6 Governance

6.1 TDATAF Board Members, 2016

NAME	REP / ORG
Eamon Dolan	Chair
Inspector Brian Cagney	An Garda Síochana Tallaght
Roisin McLindon	Dublin & Dun Laoghaire Ed. & Training Board
Cathy Purdy	SDCC
	DSP
Paul Murphy	Political
Sean Crowe	Political
Dorothy O'Reilly	Probation Service
Keri Goodliffe	HSE Addiction Services
Valerie Scully	Foroige
	Education
Liam Collins	Community
Tommy Gilson	Community
Marie White	Community
Mick Duff	Community
Alice Murray	Community
Cathy Murray	Community
Tony Condren	Community
Pat Daly	Voluntary
Layton Kelly	Voluntary
Robert Dunne	Barnardos
Larry O'Neill	SDCC
Charlie O'Connor	Councillor SDCC
Brian Leach	Councillor SDCC
Dermot Richardson	Councillor SDCC
Louise Dunne	Councillor SDCC
John Maughan	Travellers



The TDATAF Board meets 7 times per year. There are several sub-groups of TDATAF which meet prior to each LDATAF meeting and report to the board.

The TDATAF Treatment & Rehabilitation sub-committee meets 7 times per year

The Under 18's (previously Education / Prevention) sub-committee of TDATAF meets 7 times per year

The Family Support sub-committee of TDATAF meets 7 times per year

The Executive (finance) sub-committee of TDATAF meets 7 times per year.

TDATF Alcohol Sub-committee to meet 7 times per year

TDATF Supply & Justice Sub-committee meets quarterly

6.2 Training and up skilling of project staff

The last few years have seen significant changes for project staff in terms of the changing patterns of drug use on the streets and the more stringent requirements to meet high standards of governance. TDATAF have supported up-skilling for all staff across projects, including training in the Logic Model, CRA, governance holistic therapies and management training for coordinators.

6.3 Audited accounts - appended



6.4 Task Force staff

TDATF does not employ any staff but co-ordinates 2 key roles facilitated by the South Dublin County Partnership:

TDATF Co-ordinator: Acting position since January 2007. Employed by South Dublin County Partnership under interim funding (previously Development Worker position since April 2005), funding channelled through the HSE.

It is important to note that this position has remained vacant since 2006. Grace Hill (Development Worker) is acting up as Co-ordinator until the HSE fill that post. The funding through this code for the development worker is being used for this position.

Coordinator / Development Worker

Ensure the successful operation of TDATF including:

1. Support Tallaght drug projects in the planning and implementation of their work and the management of their resources.
2. Support the development and continuation of effective networking and information exchange among projects
3. Support projects to identify and progress policy issues arising from their practice and experience

The above, are the key objectives of the Development Worker post, the acting co-ordinator is overseeing these duties in addition to the overall operation of TDATF

TDATF Rehabilitation Co-ordinator: In position since April 2005. Employed by South Dublin County Partnership under interim funding, funding for this position is channelled by the HSE.

Alcohol Development Worker: Anthea Carry was appointed in 2016 to the role of part time Alcohol Development Worker. The position is funded by Dormant Accounts for 12 months. Following this, SDCC and SDCP agreed to co-fund the extension of this post to December 2017. Fiona Murphy is now in this post.

Job Title	Function	Comment	Pay Rates	Source of Funding	Employing Authority
Coordinator	To support the board of TDATF and manage work in context with Strategic Plan	Full time On maternity leave May – December 2016	Grade VII	HSE	SCDP
Rehab Coordinator	Rehabilitation Coordinator supports community and statutory services in Tallaght in the	Full time	Grade VII	HSE	SCDP

	implementation, coordination of the National Rehabilitation framework.				
Rehab support worker	To support rehab coordinator with rehab work during coordinators maternity leave; focusing on development of education bursary fund, resourcing T & R and organising MI training	6 month temp post to support rehabilitation work	Partnership Level 1	HSE	SCDP
Alcohol Development worker	To roll out CAAP	3 days per week		Dormant Accounts	SCDP
Administrator	To assist with the admin requirements of TDATE	Part time community employment	DSP payment	DSP	SCDP



APPENDICES

APPENDIX 1 SECTION 39 FUNDING

Section 39 documentation relates to Non-Acute/Community Agencies being provided with funding under Section 39 of the Health Act, 2004. This relates to all agencies with the exception of the 39 agencies funded under Section 38. The Framework allows for a tiered approach to the level of governance and separate documentation is used for agencies in receipt of funding above/below €250,000. Section 39 Funding compels funded organisations to sign up to a minimum competency code in order to retain funding. The schedule for funded organisations can be found here:

Health Service Executive – Compliance with Children First - Checklist for Funded Agencies [Accessed 10th November 2016]:

http://www.hse.ie/eng/services/publications/Non_Statutory_Sector/Comparator_Document_for_F_or_Profit_Health_Wellbeing_Schedules_2016.doc

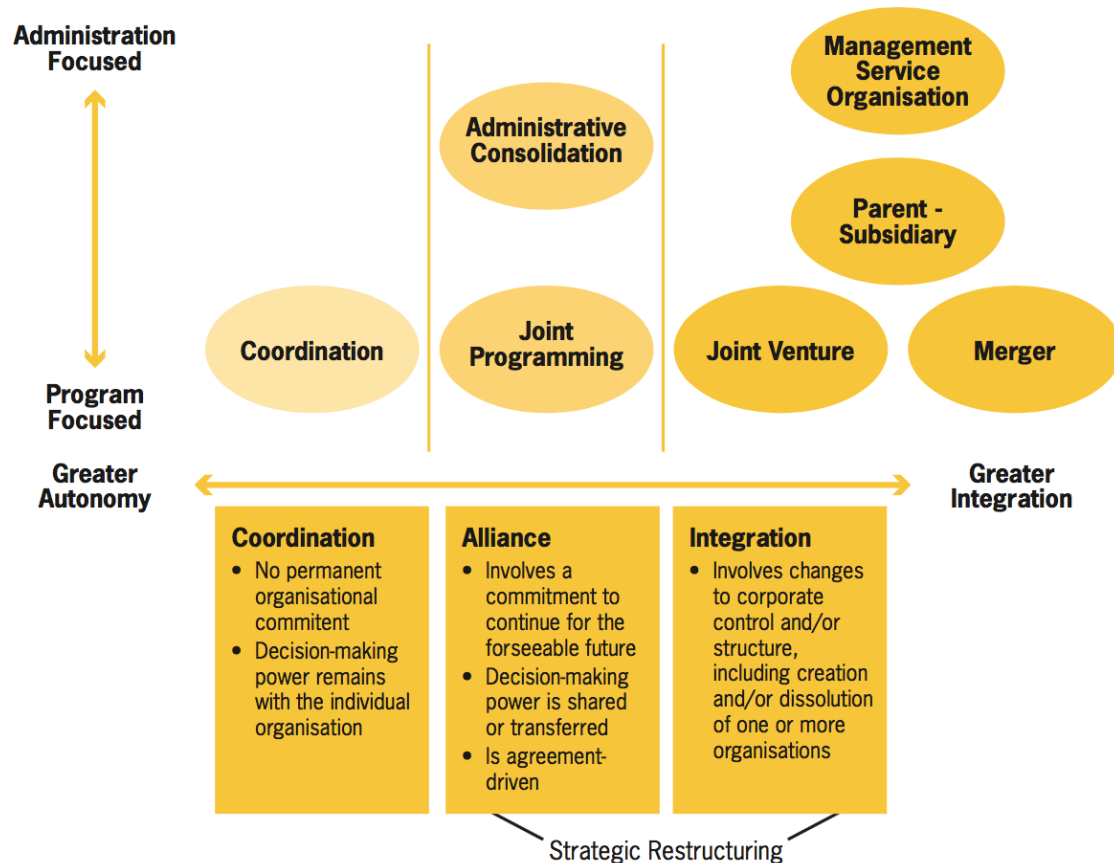
The levels of collaboration are shown in Table XX and Figure XX.

Table XX Levels of collaboration

Level of Collaboration ¹	Definition
Informal alliance	An arrangement that is essentially informal based on good relationships and understandings that may be written but are non-contractual.
Contract based alliance	A relationship that is underpinned by a contract between the parties that sets out the objectives, respective roles and cost-sharing and charging arrangements.
Joint venture	The parties establish a legal entity, which they jointly own and control, for the purpose of undertaking specified functions.
Group structure	One example of a group structure is when parties agree to become controlled by a holding entity, which owns or controls the parties (subsidiaries preserve their original identity).
Merger	The parties merge on whatever basis is agreed. This either creates a new entity (where there is relative equality between the joining parties) or enlarges an existing entity. The latter is more properly referred to as a takeover.

¹ <http://www.ivar.org.uk/subscribe-our-newsletter/past-issues/march-2011-thinking-about-collaboration>

“The Collaboration Matrix”



Based on model in: *In Search of Strategic Solutions* (Grantmakers for Effective Organisations, 2003)

Every effort will be made to include all organisations with relevance in the consultation process.

Given the above conditions, the following outcomes are possible:

- Closure of non-compliant organisations
- Saving of jobs
- Jobs may be reallocated to other organisations
- Full or part retention of services
- The transfer or combination of assets and liabilities of two or more separate organisations
- Creating a separate organisation to provide services or Legally formed partnership
- Collaboration between two or more organisations to access a public sector service level agreement
- Joint research and development
- Joint training
- Sharing a building or office space



- Functional operational sharing
- Buying groups
- Various forms of working arrangements



APPENDIX 2 Terms of Reference for Under 18s Strategy subgroup

The Under 18's Strategy Group is formally appointed by and is reportable to the Tallaght Drugs Alcohol Task Force hereinafter referred to as the TDATF.

DECISIONS

Decisions taken must at all times comply with the procedures and authorisation levels set by the TADTF.

REPORTING

A verbal report from the chairperson of the Under 18's Strategy Group will be given at each TADTF meeting.

REMIT OF THE GROUP

- The mandate of the group comes from the TDATF.
- The work of the sub-group is to promote prevention, intervention, treatment, education & support for young people, families and communities in relation to alcohol and substance misuse.
- All the work of the sub group is based on best practice and evidence based resources.
- To review all proposals directed to the sub-group by the TDATF in relation to prevention, intervention, treatment, education and make recommendations regarding these proposals to the TDATF.
- The sub-groups work will be focused primarily within the geographical spread of the TDATF.
- The sub-group will endeavor to ensure that effective communication occurs between the Task Force and the other sub-groups.

OBJECTIVES

- The sub-group adheres to and meets the principles of best practice in drug education.
- The sub-group will aim to identify gaps in the current provision of prevention and education in the Tallaght area, and work with the TDATF towards filling those gaps.
- The sub-group will provide a forum for members to identify needs in relation to Prevention, Education, Intervention & Treatment for Under 18's and an opportunity to discover possible ways in which to address them within an interagency context
- The sub-group will recommend, to the TDATF, a series of actions that will meet the objectives of the Under 18's needs and developments in terms of alcohol and substance misuse regarding the development of the plan.
- The sub-group will monitor, through the steering group, the role and work of the Tallaght Drugs Education Initiative
- Additional objectives may be added subject to identified needs arising.



MEMBERSHIP

The membership of the Under 18's Strategy Group will at a minimum stand at 3 persons and will consist of the following:

- Members working within the Tallaght and Whitechurch areas tasked with developing and delivering services to young people and parents
- Members of the TDAF whose skills would benefit the committee.
- The chairperson of the sub-group is normally but not always be a member of the TDAF. If this is not possible then a TF representative can provide feedback to the board.
- Additional persons who are not members of the TDAF but have knowledge and expertise in the area of prevention, intervention, treatment, education and support can be co-opted on to the Under 18's sub-group in an advisory capacity following consensus of the committee members.
- Progress reports for the work plan will be running agenda items and will allow for review
- Where necessary membership reviews will be taken regularly to determine if there are gaps and further members required to progress areas of work

MEETINGS

Frequency: Meetings will be scheduled annually, to take place, where possible, prior to each Task Force meeting (8 per year). A current minute should be available from the sub-committee for circulation, prior to each Task Force meeting.

Duration: The meetings will not exceed one and a half hours duration. However, in order to cover any urgent business, a meeting may be extended by one half hour if agreed prior to or at the start of the meeting.

Quorum: Quorum for the meetings will be a minimum of 3 members.

Confidentiality: Confidentiality must be adhered to at all times and the integrity of individual members and the TDAF must be observed.

Group members can share resources, information, reports etc via email including all members of the group.

Agenda: Agenda items will be collated at the end of each meeting and can be added up to 24hrs before the next meeting. Final agenda will be circulated in advance of the next meeting. Minutes will be circulated within a week of the meeting by email with any additional paperwork.

Attendance: Absence from three consecutive meetings without apology will result in a written request being sent to that member asking them to clarify their position with regard to the sub-group. If the issue is not resolved the TDAF will be informed.

Accountability: Activities and actions are shared across the membership of the group and specific actions assigned to work progress.

Each member should report back on activities and actions that are assigned to them as agenda item at each meeting.



Guiding Principles

- To engage in consultation in order to ensure that the work of the sub-group is complimentary to the Under 18's sub-group work being carried out by other Local Drug Alcohol Task Forces.
- Ensure that there is a balance of representation across all sectors on the sub-group.
- Ensure that the action plans of the statutory agencies and TDATAF are reflected in the activities of the sub-group.
- Honor time limits – arrive on time and only leave when the meeting has finished.
- Mobile phones are to be switched off unless there is prior agreement made, for the full duration of the meeting.
- Each individual should participate by sharing their own/agencies relevant opinions and experiences, and by listening to and considering the opinions of others.
- If an issue is being discussed where a conflict of interest for a representative/agency arises, that representative is expected to declare an interest and leave the meeting for the duration of that discussion.